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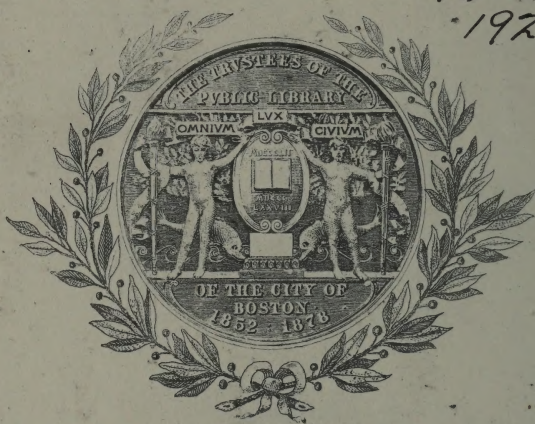


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MONTHLY BULLETIN (2)  
HEALTH DEPARTMENT



CITY OF BOSTON

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FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, JANUARY, 1926.

No. 1

MORBIDITY AND MORTALITY RATES FOR 1925, WITH  
RESUMÉ OF CERTAIN ACTIVITIES AND ACCOM-  
PLISHMENTS FOR THE YEAR.

*Deaths.*—The total number of deaths reported in Boston for the year ending December 31, 1925, was 11,590, against 10,933 for 1924. This is an excess of 657 over last year and produces a rate of 14.80 per 1,000 population as compared with 14.07 for the previous period. It is interesting to note that of this number of deaths approximately 17 per cent are of nonresidents. The population of Boston for 1925 was 783,166.

*Infant Deaths.*—The number of deaths of infants under one year of age was 1,583, which is an increase of 111 over the previous period.

*Births.*—It might be mentioned here that the number of births in Boston for 1924 was 18,450, which was 1,326 less than last year, giving a birth rate of 23.56, the lowest ever recorded in Boston, this low birth rate contributing to a high infant mortality rate because our infant death rate is based on the number of births reported. Of our infant deaths in Boston, nineteen per cent are of infants whose

parents resided in some other city or town than Boston. About one half of the births in Boston occur in hospitals.

*Deaths of Mothers.*— It is to be noted that both the number of deaths and the death rate ascribed to so-called “puerperal causes” has been decreasing steadily since greater attention has been directed to this matter. To what extent this attention has actually reduced mortality in women during this period is, however, by no means clear. The attention which has been directed to the subject has certainly served to show that many deaths occurring at that time were not really due to “puerperal causes” but to dangerous pre-existing chronic conditions which have been very properly credited to such pre-existing conditions.

*Old Age.*— The number of persons who died over sixty years of age showed a marked increase of 342 over 1924 and other previous years.

*Communicable Diseases.*— The total deaths from communicable diseases were in excess of last year, increases showing in the number of deaths from typhoid fever, measles, whooping cough, anterior poliomyelitis, encephalitis lethargica, cerebro-spinal meningitis, lobar pneumonia, and influenza cases, and with the exception of anterior poliomyelitis these diseases showed an increase in the number of cases. Deaths from pulmonary tuberculosis were slightly less, and deaths from all forms of tuberculosis were two more than last year.

*Diphtheria.*— There was a marked lessening of deaths from diphtheria where the total for the year was 99 against 168 for 1924, which indicates a death rate from this disease lower than any year in our history, in fact the number of deaths was lower than in any year since our statistics have been compiled — 1861, and except for a few years there were fewer cases reported than any year since 1871, notwithstanding the fact that the population has been increasing annually. The only possible explanation of this decrease is that immunization against the disease is showing definite results. Results were apparent last year in so far as school children were concerned but did not show until this year in the pre-school age children where the mortality occurs.

*Tuberculosis.*— The decrease in deaths from this disease is marked when compared with the number of a decade ago, when a thousand deaths a year was regarded as a reasonable annual average, but we have now apparently arrived at a practically stationary period with respect to mortality from tuberculosis.

*Typhoid Fever.*— There was a noteworthy increase in both cases and deaths from typhoid fever during the past year. It



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may be stated, however, that there was no appreciable increase in cases attributable to infection either within the city or the state. The increase is the result of infection elsewhere and is attributable to the greater prevalence of typhoid fever in other parts of the country due primarily to shell fish from polluted beds. The routine work of the department disclosed the fact that many cases of sickness reported as typhoid fever were really not typhoid fever. Such cases, however, are not included in the figures herein given.

*Anterior Poliomyelitis, Encephalitis Lethargica, and Cerebro-Spinal Meningitis.*—Both cases and deaths from these three kinds of infection of the central nervous system are running along year after year with rather remarkable constancy. The Health Department investigation of reported cases of these diseases includes an effort to verify the diagnosis. Only verified cases are included in published official statistics.

It is believed that the figures herein given really represent with a reasonable degree of accuracy the number of recognizable cases of these diseases occurring in the city during the year.

*Leading Causes of Deaths.*—Heart disease, nephritis, bronchopneumonia showed an increase over last year, and this was particularly so in the case of heart disease, with an increase of 254. Cancer was lower than last year. Diseases of this character are losing none of their importance as causes of deaths in Boston. Deaths due to cerebral hemorrhage show a decrease, as do the number of deaths from premature birth, alcoholism, diabetes mellitus, and diarrhea enteritis.

Deaths due to automobile accidents were higher than for the previous year.

• DEATHS FOR 1925\*; ALSO TOTALS FOR YEARS 1924-1923 AND 1922.

	1925.	1924.	1923.	1922.
Total deaths (all causes).....	11,590	10,933	11,503	11,423
Death rate.....	14.80	14.07	14.93	14.95
Total infant deaths.....	1,583	1,472	1,569	1,720
Infant death rate.....	85.80	74.43	82.49	92.7
Total live births.....	18,450	19,776	19,020	18,552
Birth rate.....	23.56	25.46	24.69	24.28
Total deaths of mothers (puerperal causes).....	120	150	137	156
Maternal mortality rate.....	6.31	7.3	7.0	8.1
Total deaths over 60 years of age.....	4,343	4,000	4,265	4,066

\* The figures given for 1925 are subject to slight changes in the final compilation.

**CASES AND DEATHS OF COMMUNICABLE DISEASES REPORTED 1925\*, 1924  
AND 1923.**

	1925. Cases.	1925. Deaths.	1924. Cases.	1924. Deaths.	1923. Cases.	1923. Deaths.
Actinomycosis.....	1	1	3	2	5	3
Anterior poliomyelitis.....	46	9	76	6	48	10
Anthrax.....	—	—	2	—	2	—
Cerebro-spinal meningitis.....	42	24	35	19	35	22
Chicken pox.....	1,516	2	1,886	3	2,017	3
Diphtheria.....	1,256	99	2,521	168	3,257	173
Dog bite (requiring anti-rabic treatment),	21	—	67	—	46	—
Cat bite.....	1	—	1	—	—	—
Dysentery:						
Amebic.....	5	1	3	3	—	—
Bacillary.....	20	3	8	1	—	—
Flexner.....	—	—	1	—	—	—
Shiga.....	—	—	2	—	—	—
Not specified.....	2	2	9	—	2	2
Encephalitis lethargica.....	59	32	42	16	58	24
German measles.....	586	—	191	1	56	—
Hookworm.....	20	—	16	—	10	—
Influenza.....	357	83	127	30	372	97
Malaria.....	3	1	11	—	11	—
Measles.....	6,683	114	4,758	44	5,023	57
Mumps.....	283	—	719	—	1,624	—
Pellagra.....	10	3	17	7	8	6
Pneumonia (lobar).....	1,807	560	1,565	482	1,311	635
Rabies.....	—	—	—	—	1	1
Scarlet fever.....	2,873	48	3,844	51	3,211	58
Septic sore throat.....	68	15	79	11	42	11
Tetanus.....	21	8	17	6	6	4
Trachoma.....	62	—	42	—	29	—
Trichinosis.....	17	1	33	1	6	—
Tuberculosis (pulmonary).....	1,841	667	1,872	670	1,683	677
Tuberculosis (other forms).....	342	116	382	114	338	114
Typhoid fever.....	151	27	101	15	120	10
Typhus fever.....	2	—	—	—	1	—
Whooping cough.....	2,022	69	655	21	2,034	109
Suppurative conjunctivitis.....	27	—	—	—	—	—
Total.....	20,144	1,885	11,085	1,671	21,356	2,016

\* The figures given for 1925 are subject to slight changes in the final compilation.



# CERTAIN LEADING CAUSES OF DEATH.

	* 1925.	1924.	1923.	1922.
Heart disease.....	1,996	1,742	1,880	1,765
Cancer (all sites).....	1,155	1,189	1,142	1,123
Cerebral hemorrhage.....	590	749	705	644
Nephritis.....	591	577	649	646
Broncho pneumonia.....	625	542	678	601
Arterio sclerosis.....	392	392	404	498
Premature birth.....	364	381	355	373
Alcoholism.....	190	210	170	117
Diabetes mellitus.....	164	184	187	222
Diarrhea and enteritis (under 2 years).....	157	162	148	216
Automobile accidents.....	146	137	132	121

\* The figures given for 1925 are subject to slight changes in the final compilation.

## CERTAIN ACTIVITIES DURING 1925.

*Health Service Survey.*—The result of the health service survey or appraisal of health services in the City of Boston, as carried on by the United States Public Health Association, co-operating with the United State Public Health Service was announced during the year. The result showed that Boston has scored for health services a total of 907 points out of a possible 1,000 points, and unofficially it was learned that this total has not been exceeded by any other city in the country. These figures are marked improvements over results showed by almost similar surveys in 1920. The Secretary of the American Public Health Association, speaking at a meeting in Texas last year, said in connection with these surveys that “we now have a means of determining the truth about a city’s health protection, a method of appraisal which gives us a single figure that is an index of a city’s healthfulness. It makes it possible to grade cities and list them in the order of their merit. The city that heads the list in health protection will have a distinction unexcelled.”

The estimated population for the city this year is 783,166, and the amount of money expended by the Health Department for the past year was about \$725,000, which amounts to about .92 per capita.

*Whooping Cough.*—It is expected that during 1926 results will be published of the intensive study that is now being made into the duration of the contagiousness and treatment of whooping cough by a board of local investigators.

*Communicable Diseases.*—We are fortunate that during the past year there has been no unusual outbreak or epidemic of communicable diseases in this city. The remarkable improvement in the diphtheria situation has been noted in preceding paragraphs.

*Tuberculosis.*—A survey was made by this department of all cases of tuberculosis and results will soon be published showing the actual existing number of cases in Boston with other statistics connected with such survey.

*Diphtheria Immunization.*—Diphtheria immunization has been continued in the entering classes of all of the parochial schools in the city.

*Detention Hospital.*—Additional repairs and alterations have been made at the Detention Hospital so that at the present time it is better equipped and with more ample facilities and accommodations for immediate service than ever.

*Venereal Diseases.*—An added duty has been placed this year upon the department, namely, the taking over of the venereal disease work which was formerly done by the State Department of Public Health. This is one of the most difficult problems that a health department has to contend with and much time and study has been given to this subject by the physicians directly in charge of this work. The Conservation Bureau under the direction of Doctor Bradford has been making some intensive studies and results already accomplished along the lines of venereal disease work show great promise in the treatment of gonorrhea. It is hoped that in the near future some more effective methods will be demonstrated for the treatment of certain forms of the disease, especially in children.

*Pasteurization of Milk.*—The regulations affecting the pasteurization of milk in Boston has thus far resulted in the pasteurization of about 98 per cent of the milk now consumed in this city.

*Sanitary Division Activities.*—Under the direction of our Sanitary Division many old buildings have been razed this past year, the Building Department co-operating. An extensive stable survey has been made with the results that thousands of stable licenses have been revoked because the buildings are no longer used for the stabling of animals and do not require inspection on this account.

From the original *Health Unit* in Blossom street and because of the character of the work done there, the Mayor and the Trustees of the White Fund were so inspired, that the first George Robert White Health Unit was conceived and erected in the North End section of the city. At a cost of \$500,000, another similar unit is soon to be opened in the East Boston section of the city, and land has been purchased for the erection of a third of a chain of six or eight proposed



units in congested sections of the city. When it is considered that at the North End Unit during the first year there were 84,000 visits of men, women and children, the practical usefulness of such an institution may be realized.

*Child Hygiene.*—Material progress has been made in child hygiene during the past year.

One of the most constructive steps was the employment of a director of nurses, who has been able to reorganize the nursing division and to develop an efficient program of service, both in connection with the child health clinics as well as in the communicable disease field.

In September, 1924, the city took over officially from the Community Health Association eleven child health stations. During the past year the work has been developed in the stations originally taken over and to date have been added all other clinics conducted by the Community Health Association, so that at the conclusion of the year the city is assuming full responsibility for the complete pre-school age child hygiene work.

A unique and progressive development in the field of child hygiene has been the perfection of a plan whereby the Harvard Medical School, Tufts Medical School and the Boston University School of Medicine furnish through their pediatric departments the medical personnel which functions at the twenty-nine weekly child health clinics conducted by the city. This assures the very highest type of medical service, and the schools in turn avail themselves of the opportunity to use these clinics as teaching centers for their students.

The Child Hygiene Division has also perfected an arrangement with the day nurseries of the city whereby the nurses of the Health Department periodically visit the day nurseries and inspect the children.

Posture clinics have been organized during the year and are now doing this work both for pre-school age children and youngsters referred from the public schools.

In addition to the periodic child health clinics, dental service, posture, nutrition, refraction and habit clinics are carried on at the health units.

*Hospitals.*—New regulations have been promulgated by the Health and Building Commissioners affecting hospitals so that more adequate protection is given inmates of such institutions.

*Dumps.*—More careful surveillance has been maintained over dumps, and the regulations adopted provide for approval by the Fire Commissioner before a permit for dumping is issued by the Health Commissioner.

*Habitations Requiring Inspection and Examination.*—A survey has been made of the number of habitations that are included in the inspections that must be made semi-annually by our sanitary inspectors and this number of habitations has been set at approximately 35,000 buildings, which means an average of 1,668 inspections and thorough examinations that must be made by each inspector annually. In the City of Boston there is a total of 85,000 buildings used for habitation that are also subject to inspection.

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## TRICHINOSIS CASES.

In the last week of November, a Yorkshire hog was slaughtered at the farm of Mr. P——, Sharon Heights, Mass. The dressed weight of this hog was about 300 pounds. The carcass was cut up into primal parts and all but the loin was smoked for the period of a week, cypress wood being used for smoking.

On December 5 a part of the unsmoked loin, weighing five pounds, was roasted for three and a half hours, and was consumed by five persons. A part of it was also given to a friend who cooked it. No deleterious effects followed the consumption of this pork.

On December 7 a liverwurst was made of the chopped liver, diaphragm and tongue. This was thoroughly cooked and no deleterious effects followed after eating it.

On December 18 Mrs. P—— bought four pounds of pork loin from a butcher cart run by one M—— of Mansfield. She chopped this loin into small pieces; seasoned it and put it into casings which came from the hog which was first spoken of as slaughtered on her husband's farm. This sausage was heavily smoked with cypress wood.

On December 25 Mrs. P—— cut this sausage into pieces of about two inches in length, put it into a frying pan and let it simmer in this frying pan for fifteen minutes on the back of the stove. This process had the effect of merely warming the sausage, without cooking it. This sausage was consumed by Mr. and Mrs. P——, Lillian P—— (eighteen years old), Fred T—— (twenty years old), a farm employee, and Phillip P—— Jr. (three and one half years old).

On December 26 more of this sausage prepared in the same manner was consumed by the same people, except they are not sure that the baby got sausage at either meal.

On December 25 Mr. and Mrs. S—— were visiting at the farm and received about two links of the sausage made from the pork purchased from M——, the butcher. On the same date Mrs.



P—— made a visit to Mr. and Mrs. John Z——, Forest Hills, and left them one link of sausage made from the M—— pork.

On December 27 Mr. P—— returned from his work at the Readville car shops and complained of feeling ill. He had diarrhea and grippe. December 28 a local doctor diagnosed his complaint as intestinal grippe. December 30 his face swelled and he had intense pain in the flexures of the arm, back and posterior parts of the knee. The symptoms became aggravated and he died January—. Mrs. P——, Lillian P—— and Fred T—— first became affected on or about December 30. The symptoms were a tired, all-gone feeling, pains in the legs and head and face beginning to swell. The daughter Lillian and T——, the hired man, were sick in bed only about a week, but when seen on —— their faces were still swollen and they complained of pain in the flexures of the arm, back and posterior parts of the knee. Mrs. P—— when seen on —— was walking around, but her face was considerably swollen and she was experiencing a great deal of pain in the arms, legs and back. The baby never exhibited any symptoms of the disease.

Mr. and Mrs. S—— came down with the disease about three days after eating the sausage from the pork bought of M—— and a diagnosis of trichinosis was made in the department laboratory from blood submitted. A daughter of Mr. S—— was given a slice of this sausage for her school lunch, but not caring for it did not eat it, offered it to another pupil who refused it and it was then thrown away. She did not consume any of the sausage and was not taken sick.

Mr. and Mrs. John Z—— got one link of the M—— sausage meat and were taken sick with trichinosis. Diagnosis was made from blood in the Health Department laboratory.

I visited the P—— farm on Sharon Heights and obtained all the remaining sausage and sections from the ham and shoulder of the hog killed in November on the farm. An examination in the laboratory of the sausage meat (that bought from M——) showed the presence of trichinæ and excellent photographs were obtained. The examination of the shoulder and ham pieces from the hog slaughtered on the P—— farm were negative.

*Conclusions.*— Although we had no opportunity to examine any of the loin, or the pillar of the diaphragm or the muscles of the tongue, which are the favored seats of trichinosis, we may safely rule out the pork obtained from the hog slaughtered on the farm as being the cause of this poisoning. It is fair to assume that if the hog slaughtered on the farm was heavily infected, the probabilities are that we would have found trichinæ in the ham and shoulders.

When we come to the case of the pork purchased from M——, the Mansfield butcher, some striking facts present themselves. The onset of the disease followed in regular order after the ingestion of the M—— pork sausage. Everybody that ate this sausage, with the exception of the baby, was affected, some in greater and some in lesser degree. In the case of the P—— family, the evidence is that this sausage was cut into two-inch lengths and was not properly cooked, but merely warmed on the back part of the stove for fifteen minutes. In the case of the S—— family, the father and mother who partook of the M—— sausage were made sick and the daughter, who ate none, was not taken sick. Then the same in the case of Mr. and Mrs. Z——. Finally, the demonstration of the M—— pork in the laboratory with positive results, while the farm pork showed negative results, points conclusively to the M—— pork as being the causative factor.

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### LECTURES ON HEALTH.

Twelve free public lectures on medical subjects are being held on Sunday afternoons at the Harvard Medical School in Longwood avenue. The subjects cover a wide range of interest including the conservation of eyesight, diseases of the organs of respiration, cancer and a discussion of the X-ray.

No tickets are required for admission. The lecturers begin promptly at 4 o'clock and at 4.05 the doors are closed. The subjects and dates follow:

- February 7.— Dr. Frederick T. Lord — Certain Aspects of the Diseases of the Organs of Respiration.  
February 14.— Dr. Reginald M. Atwater — Some Observations on the Progress of Public Health in China.  
February 21.— Dr. Merrill C. Sosman — The Use and Misuse of the X-ray.  
February 28.— Dr. William L. Aycock — Modes of Infection.  
March 7.— Dr. J. Herbert Waite — How One May Conserve Eyesight after Mid-life.  
March 14.— Dr. Frederick C. Irving — Prenatal Care (to Women only).  
March 21.— Dr. Leroy M. S. Miner — Health Service — the Aim of Modern Dentistry.

All persons interested in public health are urged to attend the remaining lectures in order to familiarize themselves with what is being done in the fields mentioned, besides taking advantage of the most recent advances in these subjects.



## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during December. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.39	3.74	14
Allen, Fred H.....	12.51	3.87	14
Antetomasso, Peter.....	12.67	4.07	9
Barron, Clarence W.....	14.85	5.58	10
Bergmann, John H.....	12.93	4.08	12
Bolio, William J.....	13.65	4.47	30
Brandley, P. J. & T. J.....	12.67	4.02	23
Casey, James D.....	12.87	4.07	21
Cashin, James F.....	12.50	3.88	51
Cedar Hill Farms.....	13.40	4.50	10
Chapin, George L.....	12.63	3.80	9
Childs Brothers.....	12.27	3.67	31
Clapp, Frank L.....	13.28	4.35	16
Clark, Levi.....	12.31	3.85	14
Converse, Marquis M.....	12.88	3.98	7
Corkery, John H.....	12.30	3.65	47
Crowell Brothers.....	12.19	3.73	212
Cummings, F. S., Company.....	12.09	3.65	12
Cunningham, Paul.....	12.11	3.50	18
Cusick, William H.....	12.93	3.95	20
Deerfoot Farms Milk Company.....	12.70	4.03	13
Denehy, Timothy.....	12.89	4.20	16
Driscoll, William B., Company.....	12.23	3.67	12
Duggan Brothers.....	12.90	3.95	15
Edgerly, Frank S.....	12.44	3.80	14
Elm Spring Farm Milk Company.....	12.32	3.80	25
English, John.....	13.10	4.28	19
Ferguson, Malcolm D.....	12.81	3.87	27
Furbush, Almon J.....	13.56	4.30	11
Garfield, Mason.....	14.70	5.10	12
Garvin, Charles E.....	14.87	6.15	13
Giroux, J. E., & Co.....	12.51	3.77	39
Griffin, Joseph L.....	12.67	3.85	13

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Gushee, W. S., & Co.....	12.82	3.97	11
Hagar, J. M., & Sons.....	12.43	3.65	15
Hancock, T. G., Company.....	12.72	4.17	15
Herlihy Brothers.....	12.63	3.96	20
Hickey, Martin J.....	12.42	3.80	15
Holden, John E.....	12.51	3.90	37
Holland & Cosgrove.....	12.46	3.77	36
Hood, H. P., & Sons, Inc.....	12.45	3.88	12
Howe, F. Esther.....	12.60	3.40	6
Hutchinson, Frank T.....	12.66	3.90	22
Jones, William T., Company.....	12.71	3.93	34
Kendall Brothers Company.....	12.73	3.93	31
Kingston, Samuel.....	13.61	4.73	17
Klaw & Freeman.....	12.77	3.90	45
Knapp, George J.....	12.87	3.95	32
Kozlofsky, Fedora.....	12.79	3.80	42
Lang Brothers.....	12.18	3.63	29
Larson, Charles.....	12.10	3.60	15
Lincoln Farms.....	12.11	3.08	14
Lyndonville Creamery Association.....	12.65	3.83	22
Manning, Peter.....	12.56	3.85	217
Maple Farm Milk Company.....	12.35	3.63	20
McAdams, John F.....	12.91	4.08	93
McKernan, John.....	12.57	4.02	18
Millwood Farm, Inc.....	12.41	3.80	12
Munchbach, George.....	12.39	3.78	23
Newton & Pope.....	12.98	4.35	10
Noble, William F., & Son.....	12.97	4.17	13
Podren, B.....	12.72	3.97	13
Robinson, Albert J.....	12.71	3.98	18
Robinson, J A.....	12.13	3.67	23
Runkle, John C.....	12.77	4.03	7
Schuster, Adam.....	12.80	3.87	21
Seven Oaks Dairy.....	12.60	3.92	18
Shick, Jacob.....	12.54	3.83	20
Somerset Farms Milk Company.....	12.92	4.05	9
Sterling Farms Milk Company.....	12.41	3.65	16
Stone, Howard L.....	12.49	3.90	15
Stuart, Wallis E.....	12.52	3.83	11



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Sullivan, J. D.....	12.80	4.00	13
Sullivan, John L.....	13.70	4.55	18
Swett, Warren.....	12.02	3.60	17
Turner Centre System, Inc.....	12.61	3.90	15
United Farmers Co-operative.....	13.07	4.22	12
Walker-Gordon Laboratory Company.....	12.97	4.38	8
Ware, George H.....	12.66	3.77	17
Weiler, E., & Sons.....	12.55	3.86	19
Werner, F., Company.....	12.63	3.90	22
Westwood Farms Company.....	12.29	3.72	13
White Brothers.....	12.76	3.98	11
Whiting Milk Companies.....	12.52	3.85	13
Whittemore, W. D.....	12.81	3.90	13
Wiswall, Granville A.....	12.28	3.70	32
Wittenberg & Co.....	12.75	3.83	40
Woodland, Charles L.....	12.43	3.83	15

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied by	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons.....	12.40	3.83	14
The Cloverdale Company.....	Turner Centre System, Inc..	12.71	4.00	16
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.90	4.23	15
Economy Grocery Company....	Whiting Milk Company....	12.21	3.75	15
The Ginter Company.....	United Farmers Co-opera- tive Creamery Company.	12.99	4.12	11
Morgan Brothers Company.....	Morgan Brothers Company.	12.64	4.00	18
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.46	3.73	14
M. Winer & Co.....	Hyman Winer.....	12.68	3.73	15

### PHYSICAL FITNESS, ONE OF THE ESSENTIALS TO SAFETY FROM ACCIDENT.

It is easy to establish the above title because no one can deny the real truth which it contains. The next question is to try to establish the meaning of "physically fit" when applied to the individual. Is a man's work or his looks the best index of his fitness?

How much work must a man do every day without inconvenience or fatigue before he can rate himself "physically fit"?

At first these questions may sound absurd, why not ask how many matches can one make from a table,—and yet when one considers the various standards of fitness, these questions are not so unreasonable. . . .

In a discussion of this question at a recent meeting of a medical association the following views were expressed:

"What a man can do is no standardized accomplishment. It varies with every individual, it even varies within quite wide limits in the same individual. Thus at the end of his summer holidays many a man can perform feats of endurance which a month earlier would have been impossible. He has become more fit but it would not be correct then to say that when his holiday began he was unfit. At that time he was merely unfit for strenuous exertion — a very different matter."

The first thing to be done, with the individual worker, if he is engaged in the handling of complex or dangerous machinery, is to establish within his own mind "the will to fitness." Those persons who do not possess the ambition of pride to progress in the world will never be able to establish within themselves "the will to fitness," but almost anything can be done with a man or woman who possesses it. Physical strength in itself is not an essential — "a will to fitness" is needed.

Bodily weakness supported by courage and hope is stronger than bodily strength or muscular strength unsupported by those mental and moral qualities. This is another way of saying that it is difficult if not impossible to lay down a law concerning individual fitness, or to give a complete definition of it.

All of us know of one or more persons who have lived and worked by sheer dogged will power, while we have known of other persons who although apparently healthy have really died of the fear of dying.

Now let every worker establish within his own mind his physical fitness with respect to the machine that he is operating. Let every worker determine just how long a period throughout the day he is able to keep his mind fixed on his work without being mentally tired or mentally bored as a result, and let him carry in his mind this formula, that so long as a man is able to carry on from day to day without being reminded of some physical shortcoming, whether it be headache, backache or muscular fatigue, he is entitled certainly for practical purposes to regard himself as physically fit, and as possessing an important status for the prevention of accidents.

If the worker is impressed with the fact that he is experiencing physical inconvenience, it is advised that he consult a physician —



and what is important the type of physician who is possessed of the knowledge of men, and with this physician arrive on a basis of common sense at some conclusion as to whether it is wisest for the interest of the worker himself and for the interest of the employer to continue in the operation of the piece of machinery in question.

There is always some machine at which any man may serve during an accepted working day without inconvenience or fatigue. It is probable that under no other circumstances will the earning power and physical welfare of the worker be maintained at so high a standard.

The worker will have stabilized his physical fitness, one of the essentials to safety from accident.

*(Industrial Hygiene Bulletin.)*

### TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING DECEMBER, 1925.

CLASSIFICATION.	Number.	Percentage.
	December.	December.
After death.....	10	21.28
Seven days or less.....	2	4.26
Eight to fourteen days, inclusive.....	1	2.12
Fifteen to twenty-one days, inclusive.....	2	4.26
Twenty-two to thirty-one days, inclusive.....	—	—
WITHIN FIRST MONTH. (Total).....	15	31.93
Within second month.....	4	8.51
Within third month.....	3	6.38
Within fourth month.....	4	8.51
Within fifth month.....	—	—
Within six month.....	1	2.12
Within seventh month.....	2	4.26
Within eighth month.....	2	4.26
Within ninth month.....	2	4.26
Within tenth month.....	3	6.38
Within eleventh month.....	—	—
Within twelfth month.....	—	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	36	76.61
Within second year.....	6	12.76
Within third year.....	1	2.12
More than three years.....	4	8.51
Grand total.....	47	100.00

## RULES OF HYGIENE.

1. Ventilate every room you occupy.
2. Wear loose, porous clothing suited to season, weather, and occupation.
3. If you are an indoor worker, be sure to get recreation outdoors.
4. Sleep in fresh air always; in the open if you can.
5. Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so too.
6. Always wash the hands before eating.
7. Do not overeat. This applies especially to meats and eggs.
8. Eat some hard and some bulky foods; some fruits.
9. Eat slowly — chew thoroughly.
10. Drink sufficient water daily.
11. Evacuate thoroughly, regularly.
12. Stand, sit, and walk erect.
13. Do not allow poisons and infections to enter the body.
14. Keep the teeth, gums, and tongue clean.
15. Work, play, rest, and sleep in moderation.
16. Keep serene. Worry is the foe of health. Cultivate the companionship of your fellow men.
17. Avoid self drugging. Beware the plausible humbug of the patent medicine faker.
18. Have your doctor examine you carefully once a year. Also consult your dentist at regular intervals.— (U. S. P. H. S.)



# SUMMARY OF THE WORK, DECEMBER, 1925.

## BUREAU OF ADMINISTRATION.

	December.		December.
Prosecutions ordered . . . . .	5	Employee transferred . . . . .	1
Legal notices . . . . .	141	Permanent appointments . . . . .	4
Personnel:		Temporary appointment . . . . .	1
Death of employee . . . . .	1	Temporary employment ex-	
Resignation . . . . .	1	tended . . . . .	1
		Increases in pay granted . . . . .	14

## LICENSES, PERMITS, ETC., ISSUED.

	December.		December.
Burial permits . . . . .	1,012	Dump approved . . . . .	24
Milk licenses . . . . .	121	Offensive trades . . . . .	2
Pedlers' licenses granted . . . . .	65	Undertaker, licensed . . . . .	2
Lying-in Hospitals approved . . . . .	4	Cemetery, hearing . . . . .	1
Lying-In Hospitals disapproved, . . . . .	1	Denatured alcohol licenses . . . . .	25
Hen licenses granted . . . . .	5	Manicure-massage:	
Stable hearing . . . . .	1	Granted . . . . .	38
Stable permit extended pro-			
visionally . . . . .	2		

## MEDICAL DIVISION.

	December.		December.
Visits:		Nurses, Schick activities . . . . .	60
By medical inspectors . . . . .	1,721	Medical inspectors' activities:	
By veterinarian . . . . .	133	Schick tests . . . . .	25
By investigators . . . . .	341	Toxin-antitoxin injections . . . . .	35
By nurses . . . . .	3,725	Vaccinations . . . . .	177
Cases brought to Boston for		Deaths investigated . . . . .	7
treatment . . . . .	70	Vaccination certificates . . . . .	131

## CHILD HYGIENE DIVISION.

### NURSES' REPORT OF CHILD HYGIENE ACTIVITIES FOR MONTH OF DECEMBER, 1925.

	December.
New baby and pre-school home visits . . . . .	2,135
Old baby and pre-school home visits . . . . .	12,303
Total . . . . .	14,438
Wrong address . . . . .	198
Not seen . . . . .	1,803
FEEDING:	
Breast . . . . .	3,420
Formula . . . . .	1,759
Formula and breast . . . . .	890
Diet . . . . .	6,368
Ophthalmia visits . . . . .	269
Infant death investigation visits . . . . .	89
Maternal death investigation visits . . . . .	2
Special visits . . . . .	170
Total number of all visits . . . . .	29,137

## BABY CONFERENCES.

	December.
Number of conferences . . . . .	110
Attendance . . . . .	3,105
New babies . . . . .	406

## PRE-SCHOOL CONFERENCES.

	December.
Number of conferences . . . . .	41
Attendance . . . . .	281
New cases . . . . .	69

## HEALTH UNIT (17 Blossom Street).

December.

### MISCELLANEOUS UNIT ACTIVITIES:

Complaints of insanitary conditions . . . . .	6
Number of persons given health and other information . . . . .	300
City visitors . . . . .	3
Out of city visitor . . . . .	1

### DENTAL SERVICE:

Number of operations . . . . .	1,230
Number of dismissals . . . . .	219
Number of children treated . . . . .	674

### MEDICAL DIVISION OF HEALTH DEPARTMENT:

#### Work performed by Medical Inspector:

Visits made by medical inspector in the district . . . . .	76
Vaccinations performed by medical inspector . . . . .	29
Number of vaccination certificates issued . . . . .	15
Antitoxin, antityphoid and toxin antitoxin administered . . . . .	40
Number of children examined for camps and day nurseries . . . . .	10

#### Nurses' visits:

Communicable disease visits by nurses in district . . . . .	221
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### CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences . . . . .	9
Attendance at baby conferences . . . . .	278
New babies at conferences . . . . .	28
Number of pre-school conferences . . . . .	9
Attendance at pre-school conferences . . . . .	77
New cases at conferences . . . . .	9
Home visits to babies and pre-school children . . . . .	2,188
Infant death investigation visit . . . . .	1
Special visits . . . . .	21

### BOSTON DISPENSARY:

Calls by district physician . . . . .	48
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### STATE DEPARTMENT MENTAL DISEASES:

Number of clinics . . . . .	3
Attendance at clinics . . . . .	5
Visits of worker . . . . .	62

### BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	791
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### COMMUNITY HEALTH ASSOCIATION:

#### General Division:

Home visits by nurses . . . . .	697
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December.

JEWISH WELFARE CENTER:

Number of nutrition clinics . . . . .	3
Attendance at clinics . . . . .	8
Number of children examined at . . . . .	8

HEALTH UNIT (41 North Margin Street).

December.

MISCELLANEOUS UNIT ACTIVITIES:

Complaint of insanitary conditions . . . . .	1
Number of persons given health and other information . . . . .	120
City visitors . . . . .	31
Out of city visitors . . . . .	26

DENTAL SERVICE:

Number of operations . . . . .	1,031
Number of dismissals . . . . .	242
Number of children treated . . . . .	400

EYE SERVICE:

New cases . . . . .	25
Number of refractions . . . . .	53
Number of revisits . . . . .	78

MEDICAL DIVISION OF HEALTH DEPARTMENT:

Work performed by medical inspector:

Visits made by medical inspector in the district . . . . .	27
Vaccinations performed by medical inspector . . . . .	6
Number of vaccination certificates issued . . . . .	13

Nurses' visits:

Communicable disease visits by nurses in district . . . . .	171
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:

Number of baby conferences . . . . .	10
Attendance at baby conferences . . . . .	181
New babies at conferences . . . . .	31
Number of pre-school conferences . . . . .	10
Attendance at pre-school conferences . . . . .	61
New cases at pre-school conferences . . . . .	20
Home visits to babies and pre-school children . . . . .	1,583
Infant death investigation visits . . . . .	11
Special visit . . . . .	1

BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	264
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BOSTON LYING-IN HOSPITAL:

Pre-natal Clinic:

Number of clinics . . . . .	5
Attendance . . . . .	78

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses . . . . .	1,419
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BOSTON DISPENSARY:

Calls by district physician . . . . .	22
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# MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, DECEMBER, 1925.

## SYPHILIS.

	December.
Current cases under investigation December 1, 1925 . . . . .	20
New cases assigned during the month . . . . .	31
Total . . . . .	<u>51</u>

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	16
Not Located:	
Further treatment unnecessary . . . . .	3
Search abandoned . . . . .	12
Under investigation December 31, 1925 . . . . .	20
Total . . . . .	<u>51</u>

## GONORRHEA.

Current cases under investigation December 1, 1925 . . . . .	71
New cases assigned during the month . . . . .	63
Total . . . . .	<u>134</u>

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	27
Further treatment unnecessary . . . . .	3
Not Located:	
Search abandoned . . . . .	54
Under investigation December 31, 1925 . . . . .	50
Total . . . . .	<u>134</u>

## SUMMARY.

Current cases under investigation December 1, 1925 . . . . .	91
New cases assigned during the month . . . . .	94
Total . . . . .	<u>185</u>

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	43
Further treatment unnecessary . . . . .	6
Not Located:	
Search abandoned . . . . .	66
Under investigation December 31, 1925 . . . . .	70
Total . . . . .	<u>185</u>
New cases reported by number:	
Gonorrhea . . . . .	218
Syphilis . . . . .	100
Total . . . . .	<u>318</u>

December.

## Venereal disease complaints:

New cases . . . . .	5
Under investigation December 31, 1925 . . . . .	10

## Disposition of complaints:

Under treatment . . . . .	1
Unable to locate . . . . .	3
Under investigation December 31, 1925 . . . . .	11
Total . . . . .	<u>15</u>

## FOOD INSPECTION DIVISION.

## MARKET, STORE AND RESTAURANT SERVICE.

	December.
New reports . . . . .	4,093
Stores inspected . . . . .	4,483
Sanitary defect remedied . . . . .	91
Complaints at office . . . . .	27
Referred to Sanitary Division . . . . .	17
Milk applicants . . . . .	137
Notices to abate nuisances . . . . .	33
Peddlers:	
Applications for licenses approved . . . . .	65
Vehicles inspected and approved . . . . .	378
Court cases . . . . .	3
Convictions . . . . .	3
Fines . . . . .	\$280
Laboratory Examinations:	
Bacteriological . . . . .	3
Chemical . . . . .	4

## CONDEMNATIONS.

## Meat:

Bacon . . . . .	15 pounds
Beef . . . . .	609 pounds
Bologna . . . . .	8 pounds
Chickens . . . . .	106 pounds
Geese . . . . .	266 pounds
Ducks . . . . .	65 pounds
Fowl . . . . .	94 pounds
Frankfurters . . . . .	7 pounds
Pork . . . . .	20 pounds
Tongue . . . . .	1 jar
Turkey . . . . .	80 pounds
Poultry . . . . .	25 pounds

## Fish:

Oysters . . . . .	54 gallons
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## Fruit:

Raisins . . . . .	11 pounds
Prunes . . . . .	21 pounds
Cranberries . . . . .	15 pounds
Grapes . . . . .	7 crates
Grapes . . . . .	270 pounds
Pears . . . . .	140 cases

## Vegetables:

Beans . . . . .	120 pounds
Onions . . . . .	1 bushel
Peas . . . . .	60 pounds
Tomatoes . . . . .	1 can

## Miscellaneous:

Bread . . . . .	5 loaves
Cake . . . . .	4 pounds
Candy . . . . .	107 pounds
Caramels . . . . .	2½ pounds
Cereal . . . . .	2 packages
Cocoa . . . . .	1 package
Coffee . . . . .	3 pounds
Cornmeal . . . . .	2 packages
Crackers . . . . .	17 boxes
Crackers . . . . .	17 pounds
Crispettes . . . . .	200 packages
Eggs . . . . .	15 dozen
Fruit cake . . . . .	15 pounds
Jelly . . . . .	49 packages
Ketchup . . . . .	20 bottles
Hominy . . . . .	14 cans

	December.		December.
Miscellaneous:		Salt . . . . .	100 pounds
Macaroni . . . . .	100 pounds	Salt . . . . .	4 boxes
Mayonnaise . . . . .	5 bottles	Seasoning . . . . .	7½ ounces
Olives . . . . .	1 jar	Tapioca . . . . .	2 packages
Pickles . . . . .	3 bottles	Tea . . . . .	2¾ pounds
Pie filling . . . . .	19 boxes	Vermicelli . . . . .	2 boxes

#### SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		CHEMICAL LABORATORY.	
Smelts . . . . .	1	Potatoes . . . . .	1
Clams . . . . .	1	Veal . . . . .	1
Ice cream . . . . .	1	Eggs . . . . .	1
		Cider . . . . .	1

#### LIVE STOCK INSPECTION (Brighton Abattoir).

	December.		December.
Cattle inspected . . . . .	431	Parts condemned (lbs.) . . . . .	417
Calves inspected . . . . .	1,365	Animals condemned . . . . .	4
Swine inspected . . . . .	4,746		

#### DAIRY DIVISION.

	December.		December.
Total inspection . . . . .	2,841	Total cattle inspected . . . . .	3,480
Dairies inspected . . . . .	179	Inspections of milk plants and	
Scoring above 50 * . . . . .	147	licensed dealers . . . . .	450
Scoring below . . . . .	32	Bacteriological examinations . . . . .	1,045
With milk rooms . . . . .	129	Country creamery inspections . . . . .	17
Without milk rooms . . . . .	50	Sediment tests . . . . .	1,149
Inactive . . . . .	1		

\* Passable mark.

#### BUREAU OF MILK INSPECTION.

	December.		December.
Chemical inspection of:		Ice cream . . . . .	42
Milk . . . . .	1,420	Milk . . . . .	702
Bacteriological examination of:		Vinegar . . . . .	71
Butter . . . . .	4	Court cases . . . . .	11
Liquors . . . . .	2	Fines . . . . .	\$190

#### SANITARY INSPECTION.

	December.		December.
Original inspections . . . . .	2,043	Complaints investigated . . . . .	430
New reports . . . . .	1,855	Court cases authorized . . . . .	0
Reinspections . . . . .	6,868	Fines . . . . .	\$10
Legal notices served . . . . .	125		

#### BACTERIOLOGICAL LABORATORY.

	December.
Diphtheria . . . . .	808
Tuberculosis . . . . .	247
Typhoid . . . . .	34
Gonorrhea . . . . .	786
Gonorrheal ophthalmia . . . . .	59
Syphilis . . . . .	1,425
Other examinations * . . . . .	41
Bacteriological examinations of milk . . . . .	702
Bacteriological examinations of ice cream . . . . .	42

\* Smear for Vincent's Angina, 1; malaria, 5; dark field, 5; feces for typhoid, 5; urine for typhoid, 3; tests for virulence, 1; swimming pools, 11; genito-urinary tuberculosis, 17; candy for toxins, 1; ice cream for poison, 1; fluid for organisms, 1; smear for organisms, 1.



# VITAL STATISTICS, DECEMBER, 1925.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING DECEMBER, 1925, WITH COMPARATIVE FIGURES FOR DECEMBER, 1924.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,013	1,030	-17	15.52	15.91	-.39
Nonresidents deducted.....	839	859	-20	12.85	13.27	-.42
BY AGE:						
Under one year.....	115	150	-35	1.76	2.32	-.56
One year to four years, inclusive.....	62	63	-1	.95	.97	-.02
Sixty years and over.....	427	371	+56	6.54	5.73	+.81
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	68	74	-6	1.04	1.14	-.10
Arteriosclerosis.....	38	42	-6	.58	.65	-.07
Heart disease.....	212	153	+59	3.25	2.36	+.89
Nephritis, chronic.....	53	48	+5	.81	.74	+.07
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,520	1,618	-.98	23.29	25.00	-1.71
b. Registered stillbirths.....	53	47	+6	.81	.73	+.08
Stillbirths per 1,000 births and still- births.....				33.69	28.23	+5.46
c. Deaths of mothers from causes incident to childbirth.....	7	12	-5	.11	.18	-.07
Deaths of mothers per 1,000 births and stillbirths.....				4.45	7.21	-2.76
Deaths of children in first year of life....	115	150	-35	1.76	2.32	-.56
Deaths in first year per 1,000 live births ,				75.66	92.71	-17.05
VIOLENCE:						
Accidents.....	52	51	+1	.80	.79	+.01
Homicides.....	2	2	-	.03	.03	-
Suicides.....	9	12	-3	.14	.18	-.04
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	18	17	+1	.27	.26	+.01
Broncho-pneumonia.....	55	57	-2	.84	.88	-.04
Cancer.....	97	112	-15	1.49	1.73	-.24
Cirrhosis of the liver.....	4	5	-1	.06	.08	-.02
Diabetes mellitus.....	12	15	-3	.18	.23	-.051
Diarrheal diseases, children under two years of age.....	8	8	-	.12	.12	-

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, DECEMBER, 1925.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1925.	1924.	Increase or Decrease.	1925.	1924.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....	Cases.. 6	4	+2	.09	.06	+.03
	Deaths.. —	1	—1	—	— .015	— .015
Cerebro-spinal meningitis.....	Cases.. 4	—	+4	.06	—	+.06
	Deaths.. 1	—	+1	.015	—	+.015
Diphtheria.....	Cases.. 90	200	—110	1.38	3.09	—1.71
	Deaths.. 9	10	—1	.14	.15	— .01
Influenza.....	Cases.. 12	14	—2	.18	.22	— .04
	Deaths.. 6	7	—1	.09	.11	— .02
Measles.....	Cases.. 681	227	+454	10.43	3.51	+6.92
	Deaths.. 16	15	+1	.24	.23	+.01
Pneumonia (lobar).....	Cases.. 194	169	+25	2.97	2.61	+.36
	Deaths.. 52	67	—15	.80	1.03	— .23
Scarlet fever.....	Cases.. 252	431	—179	3.86	6.66	—2.80
	Deaths.. 4	5	—1	.06	.08	— .02
Tuberculosis (pulmonary).....	Cases.. 135	132	+3	2.08	2.04	+.04
	Deaths.. 48	57	—9	.73	.88	— .15
Tuberculosis (other forms).....	Cases.. 24	22	+2	.37	.34	+.03
	Deaths.. 5	6	—1	.08	.09	— .09
Typhoid fever.....	Cases.. 5	13	—8	.08	.20	— .12
	Deaths.. 1	1	—	.015	.015	—
Whooping cough.....	Cases.. 240	80	+160	3.68	1.23	+2.45
	Deaths.. 7	4	+3	.11	.06	+.05

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1925 (midyear), based upon the Federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Bulletin give it to someone else.

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# MONTHLY BULLETIN HEALTH DEPARTMENT



## CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, FEBRUARY, 1926.

NO. 2

### THE HEALTH DEPARTMENT AND THE PHYSICIAN.

As an officially constituted Health Department we are concerned with the health of the community, and as physicians we are agents of that authority because we are entrusted with individual health.

We know that our first attempts to curb the invasion of this country by disease, chiefly by quarantine measures, were made by eminent physicians of colonial days. It was that class in the community that first petitioned and insisted on legislation to protect the citizens of the community as a whole against imported infections, and in such instances it was felt that the local physician attending to individual needs could not take care of the protection of the community as a whole against a common enemy, so it was decided that this best could be done through committees or boards, and in that way our local boards of health with legal constituted authority came into existence. To prevent disease and to protect the inhabitants against it when discovered, and, if possible, to remove the causes of disease, were the functions of those committees or boards. We are thus interested in community health, and we need the assistance and endeavor of every physician in the community working in a common cause, the one for the care of the



individual and the other for the care of the people as a whole. We are trying to educate the individual to his physical needs and are constantly urging him to keep in touch with his physician who will advise him in the prevention of disease as well as in the treatment of a malady.

Each year new organizations and associations spring up, presumably for the common good, and although their intentions are sincere, they soon find that because of lack of medical knowledge and education and responsibility, they cannot function and consequently soon cease to exist. But there are some such groups properly organized who become a natural and integral part of the health program, and in most cases, especially in their inception, they cannot be taken over by an official agency because their principles have not been proved, and oftentimes the amount of good that is promised cannot be entertained because of the expense involved not only in the beginning of the program but in its future. Fundamentally their plans and programs should be passed upon by men with broad medical training and public health training or experience.

It must be realized that the individual physician in the community cannot take care of nuisances; he cannot prepare and tabulate morbidity and mortality statistics; he cannot engage in the examination, inspection, and analysis of foods; he cannot devote his time to laboratory work, nor use his time in the field of epidemiology, and furthermore the law does not request him so to do, neither does it clothe him with the authority to enforce violations of the laws pertaining to the health of the community in general. The field of public health is big and broad and its scope is enormous. The Health Department or commissioner is mandatorily compelled by law to protect the citizens of the community against communicable diseases, to understand the problems of sanitation, and to take the lead in promoting the health of the citizens. Our early conception of health work was to a great extent the exercise of authority in controlling outbreaks after they appeared, whereas we are now endeavoring to bring about their prevention as well. It is far more important to the welfare of our people to prevent an outbreak or an epidemic with its attendant misery, suffering and expense, economic loss, and the accompanying burden of death, and our modern public health tendencies are in this direction.

During the past quarter of a century there has sprung up a new public health; experience and research have taught us that it is the individual we must look to rather than the environment in order to trace the sources and modes of infection. The individual is the danger in the community first, and it is the individual as a mass we are trying to educate against the dangers that lie about him. We

are not trying to be paternalistic or advocate state medicine because history has taught us how disastrous this has been in countries of Europe not only to the general public but to the practicing physician as well.

We are confronted with the laws of the state that impose on health departments certain duties and restrictions that we are obliged to carry out for the common good, and there is a common enemy, always found in a community that is trying to break down these laws, and it is usually not the reputable physician or law abiding citizens but men who sometime studied some medicine or lay interlopers. It is our duty as physicians to uphold these laws because we well know that "every means of progress in prolonging human life has been contributed by those who know that vaccination does prevent smallpox and not one single advance in sanitary science, nor any useful suggestion for the purpose of prolonging human life and adding to efficiency, has ever been made by an opponent of this measure." We must do our moral duty, because if we do not, and fail, a public opinion will develop that will create a new type of profession that can better carry out these laws.

And therefore we as physicians must keep pace with the great progressive public health movement that has grown up to promote health and to preserve and prolong life. We must try to anticipate conditions, we must plan our health programs carefully, and we must spend the money of the community judiciously. Unless we can do these things properly we fail. The public health of today is vastly different from what it was only twenty or twenty-five years ago. It has become a great science divided into many fields. Many of the old theories originally taught us by physicians have been discarded; research, experiment and study having replaced them with newer theories that are more practical and common sense in their application. And the average physician has not kept pace with this progress because it was not directly chosen to his field of medicine, and his time has been limited to his own special work. Bacteriology has become a strong assistant in the field of preventive medicine, and wonders have been performed in that field that we never studied or were never included in our medical school curriculum. So is it in the great scientific fields of epidemiology, sanitary engineering, infant welfare, food inspection, and water examination.

If we have the active and interested co-operation of the physician in the community, if we can develop a sound and efficient program to encourage and assist all agencies concerned in the welfare and health of the community, we have an organization that will be aiming at the goal to educate the individual to his own and special needs. We will teach him to see his physician often for a general inspection

and overhauling as he does with his automobile, we will endeavor to inform and educate the parent to the necessity of seeing her family physician, especially where the newborn is concerned. If we educate our citizens to the point where they will not wait until the ills of mankind strike them down before consulting their physician, and are, maybe, beyond medical treatment, then we will see the day where the physician and individual working in close harmony are protecting the community in its entirety, and have taken an interest in the field of preventive medicine. Our intent and purpose is not to pauperize but to educate. Our medical schools of today are including in their curriculums courses in hygiene and public health — preventive medicine which have been deemed necessary.

Fire and outbreaks, epidemics and conflagrations, are similar. In a small town or village attention to such things may be handled by one or a few persons whose daily occupation may be other than firefighting or epidemic combatting. In a large community we have to plan, organize, train and equip our forces of safety to anticipate trouble rather than wait for it to come to us. We also know that epidemics travel faster than conflagrations, they cover more area, and result in more fatalities. We saw an illustration of this in the recent war called the "World War," which wasn't so really in fact, whereas our epidemic of influenza was nearer world wide.

Still our work may yet be said to be in its infancy, just as we have not yet been properly guided and educated to the point of preventing wars, pestilences and famines, but we must best use the knowledge that we possess and the weapons that are at hand. The active co-operation of all interested in this progressive health work is needed but in order to know what to do and how to do it in any such emergencies we must be trained, and we must educate not only those who are actively engaged in the work, but every one in the community that these things effect, and that bring us right back to the individual himself.

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### A NEW CAUSE OF CANCER.

The increase in cancer is finally explained! Another reason for the repeal of the Volstead Act!

"Straw suckers used in pop bottles are responsible for the great increase in cancer," declares Dr. Charles B. Graf, a specialist, who is vice-president of the Medical Association of America. He said the straws used in refreshment drink bottles carry a ray fungus, which is transmitted to the blood and causes cancer.

He attributed the increase in cancer to the increased use of these straws since the advent of prohibition.

—*New York American.*



## THE APPRAISAL OF CITY HEALTH WORK AND WHAT IT SHOWS IN BOSTON.\*

The American Public Health Association has during the past six years been actively engaged in a study of municipal health department practice. A Committee on Municipal Health Department Practice was appointed in 1920 by Dr. W. S. Rankin, then president of the association. One of the early services of this committee was a study of the public health work in all cities over 100,000 population at that time. The results of this survey were published by the "United States Public Health Service Bulletin," 136, in 1923. In the same year the American Child Health Association recognized the need of a study of child health service in cities of smaller size but found that the health of the child could not readily be split off from public health services and consequently engaged in a survey of smaller cities (40,000 to 70,000 population) during the spring of 1924, covering all public health activities. About the same time the United States Public Health Service, in co-operation with the Committee on Municipal Health Department Practice of the American Public Health Association, planned and carried out a comprehensive investigation of public health practice in all cities over 70,000 so that by June of 1924 there had been brought together through these two services complete information concerning public health work in American cities over 40,000. At this time Doctor Rankin, then field director of the Committee on Public Health Department Practice, began actively to develop an appraisal form for health activities. Doctor Palmer, director of research of American Child Health Association, in planning the analysis and subsequent study of the smaller cities developed a similar instrument. These appraisal forms, arrived at more or less independently, were subsequently merged and the items referred to a committee of practical health officers drawn from the field representing forty health officers in Ohio, Michigan and New England states. This Committee of Health Officers in conjunction with the voluntary organizations such as the American Child Health Association, the American Social Hygiene Association, American Public Health Association, the National Tuberculosis Association, the National Organization of Public Health Nursing, the National Health Council, spent a week considering the appraisal form and the relative values set up by Doctors Rankin and Palmer. The first consideration of this group of health officers was to find items of service which were subject to concrete or numerical expression and common public health practice throughout the cities of the country. In vital statistics, for instance, a city was to be credited if included in the birth registration area. It was to receive credit if

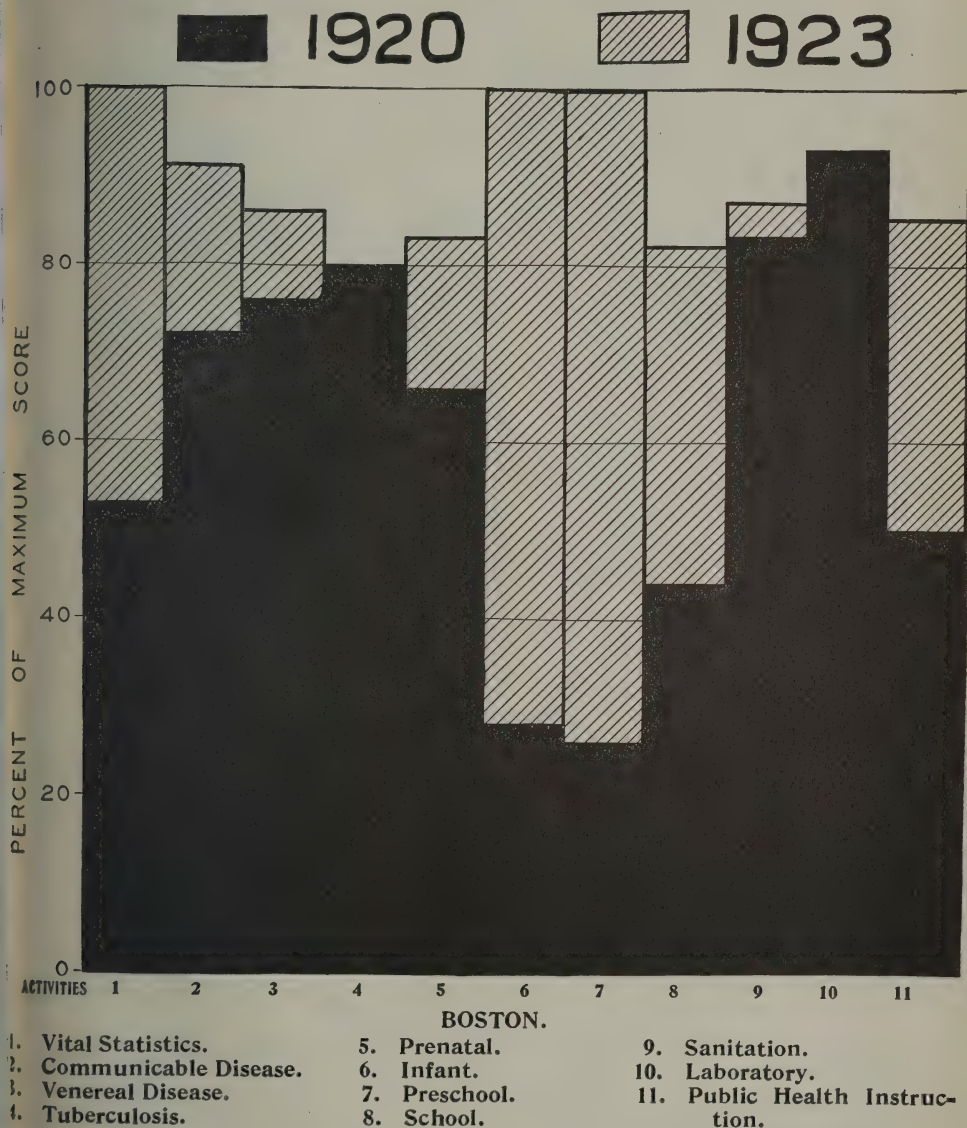
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\* Read before the Boston Health League on Wednesday, December 9, 1925.

careful and adequate tabulation of deaths by cause, age, date and color were routinely made. In communicable disease control definite standards of procedure were set up for the release of cases of diphtheria and quarantine. In infant welfare the number of clinical and nursing visits were used as a criteria by which to judge adequately the service. In school child health, routine, weighing of children, the time and frequency of physical examinations were among the items selected as indicative of the quality of service. In all some eighty-three items were selected to cover the eleven major health activities. These items were chosen because they were considered to be measurable and in general common to municipal health work. Only after such specific criteria and objective had been selected, was the matter of relative values considered. Two days were then spent in assigning values of the eleven major health activities and in turn distributing the points of credit to be allowed for the satisfactory handling of each item. In assigning these relative values it was necessary to consider that certain activities such as sewerage and the control of the water supply had in general reached a fair state of development and though by reason of their utter failure they might assume a position of considerable importance in the program today, they were not relatively as important as some other things, such as diphtheria prevention through the use of toxin and antitoxin which needed special encouragement. It was generally understood that the relative values assigned were tentative; that as public health practice improved and increased, they would be altered. The appraisal form as thus set up became in general a measure of sufficiency of service rather than of efficiency and only indirectly does it measure the efficiency of the various services.

In considering the application of the appraisal form in Boston it was possible to obtain the original survey notes made in 1920 and score the city on that basis. The accompanying chart shows in solid black the relative standing of each of the eleven major health activities at that time. It must be clearly borne in mind that this is an appraisal of the health activities of the entire city as reported in that survey. The height of the column represents the percentage of maximum score which the city attained. For example, in 1920, the rating on vital statistics shows that between 50 per cent and 60 per cent of what would now be considered good standard practice was already being applied. In the control of communicable disease the city was apparently at that time doing 75 per cent of what is considered necessary today and so on through each activity. In the field of child welfare, prenatal, infant, preschool and school child health, the development does not seem to be as great. This low score is apparently not due so much to lack of activity in this field

as to the fact that the numerous efforts were disconnected and lacked organization. Information was available as to personnel employed, but little or nothing concerning volume of activities, individuals reached, or type of service rendered.



Superimposed on this chart is the appraisal of the city on the basis of information gathered in 1924. The crosshatched column indicates the standing of the city at that time. Considerable improvement is shown in vital statistics, all of the services dealing



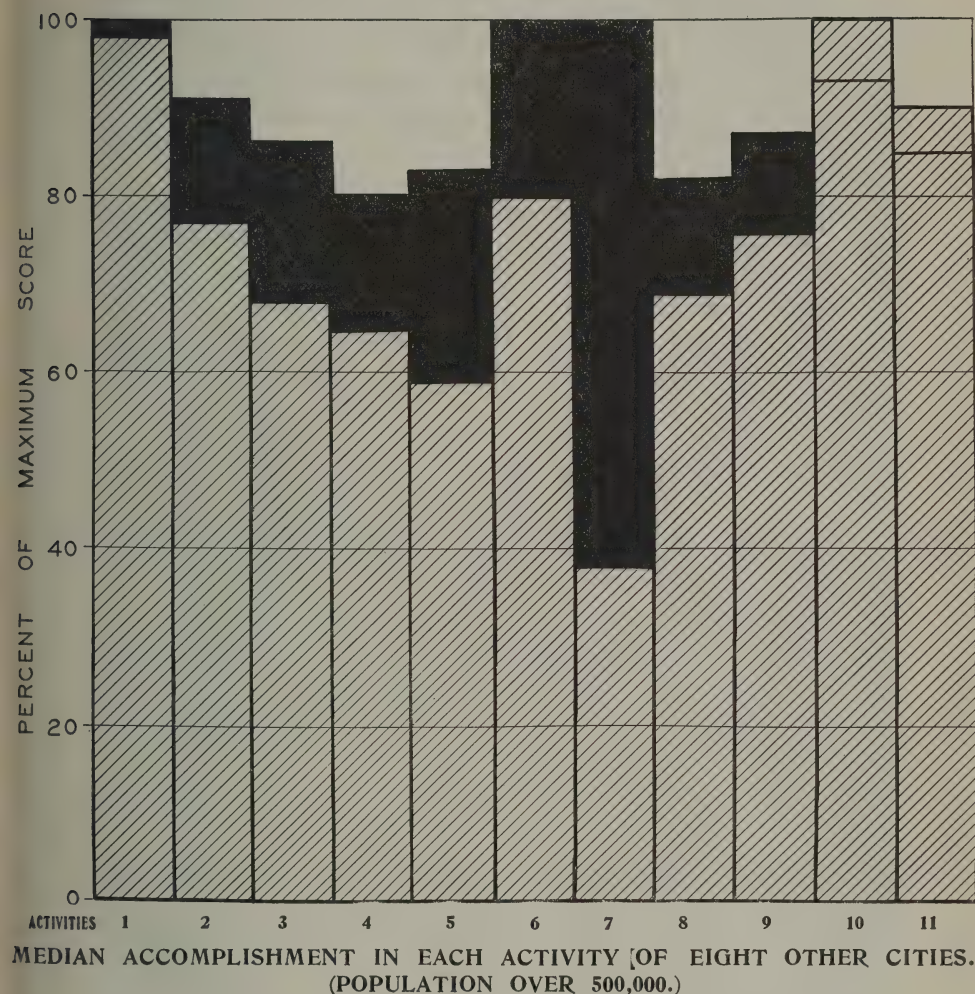
with children and in popular health instruction. Vital statistics, infant and preschool child health secure a full score. The communicable disease service attains 93 per cent of the maximum. The 7 per cent lacking is due to the fact that toxin-antitoxin administration, particularly to the preschool age group, has only recently been started. The changes in venereal disease control and the control of tuberculosis from 1920 to 1924 have been relatively slight. In fact the score in tuberculosis remains the same as in 1920. It is evident by a study of the tuberculosis service that facilities are needed for the treatment of cases in children and especially for the care of susceptible children to prevent the development of open lesions. There is apparently a need for the decentralization of the tuberculosis service, since sound practice requires that the service in a large measure must be taken to the patient.

Prenatal service shows a gradual increase in the activities already well under way in 1920. It is interesting to note in this connection that this service is entirely carried on by unofficial agencies. The question may well be raised, if infant welfare services are properly a part of the program of the Health Department, is it not equally proper that the prenatal service shall also be administered by this agency for the sake of economy and continuity of service?

The exceptional improvement in infant and preschool work in the city pays high tribute to the co-ordination of effort in these two fields. The school health service shows a development of about 50 per cent in four years and recent changes indicate that further growth may be expected. There has been but little change in municipal sanitation. Increased pasteurization of milk and examination of foods have served to improve this standing. The laboratory service here recorded is for the Department of Health Laboratory only. There is little question but if all public health laboratory service done locally by state, university and hospital laboratory were credited that this column would show a full credit. The improvement of 30 per cent to 35 per cent in popular health instruction represents the development of policy of public education through the Health Department, the Boston Health League and similar agencies. This service has not yet reached the limit of its capacity to serve. The comparison of these two years indicates that there has been at work consciously or unconsciously a plan for improving those health services of the city which were found deficient in 1920. It should be reiterated here that this appraisal includes all the health activities in the city as reported in these two surveys.

The diagram on page 33 shows the relative standing of Boston's health activities in 1924 with those reported by eight other cities

of over 500,000 population. New York City, Los Angeles and Pittsburgh had to be omitted in this comparison because of lack of information. The upper light line shows the accomplishment of Boston, the lower heavy line indicates the median accomplishment in each of the activities in eight other cities of over 500,000.



**Solid Indicates the Accomplishment of Boston.**

The fact that the standing of Boston is, with two exceptions, above that of the median of this population group should be very gratifying. It does not mean, however, that Boston's health activities have reached the point where they require no further expansion or where they can be entrusted to any but experienced and well-trained hands. It is clearly the responsibility of those in

charge of the various health services to carefully analyze every act and service to determine if full value is received for every dollar spent.

The time is coming when every public health worker and administrator must look mounting costs of health service in the face and be prepared to show that the service rendered is giving a full return. Boston is in a splendid position to take the initiative in such a movement and I suggest that the Boston Health League undertake as a major item of its program for 1926 the bringing together and recording of the health facts of Boston and making a careful analysis of the costs of the major health activities.

The moneys spent in the control of water supply and the control of milk supplies have shown a return in decreased mortality and morbidity rates from water and milk-borne diseases. Health administrators should be very alert for opportunities to amass tangible proof of the value of other health service.—(Dr. W. F. Walker, D. P. H., *Field Director, A. P. H. A., in the Boston Medical-Surgical Journal.*)

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### WHAT THE HEALTH UNIT IS.

The health unit is an institution created with the object in view of improving the health and welfare of the people in a district served by the unit.

To fulfill this purpose, it aims to bring together under one roof the representatives of all organizations, public or private, which are working for the improvement of health and the prevention of disease; providing these agencies with accommodations necessary for the conduct and supervision of such work. This develops a personal contact between the representatives, resulting in correlation and co-ordination of effort which tends to operate to the best advantage of the community.

An outstanding principle in the development of a health unit program is to keep the people well and it is therefore consistent that in promoting the principles of preventive medicine it is important that so far as is possible, that such services as are truly prophylactic in their nature and type be particularly emphasized, leaving the curative field to the general practitioner, hospital and existing dispensaries.

In the assembling of such additional community services which may be regarded by some as curative in type, but which have a direct bearing on prophylaxis of complicating diseases, the unit must work in close co-operation and with the expressed or implied approval of the medical, dental and nursing profession.



Generally speaking, the activities of the unit may be grouped under the following headings:

(a.) To promote co-operation and co-ordination between health and welfare agencies engaged in a district, this being simplified by their assembling in close contact with each other.

(b.) Instruction of the public in matters pertaining to maintenance of health.

(c.) Application of routine methods of diagnosis as a means of detecting disease in its early stages, and advising the individual to obtain relief.

(d.) Control of communicable disease by application of serotherapy of accepted value and the expounding of such other principles of preventive medicine as falls within the scope of Health Department practice.

(e.) Collection of data bearing on health problems of the district.

(f.) Furnishing such services which are generally classified as prophylactic in type.

(g.) Providing information or help to form contacts between agencies which treat disease or relieve poverty and to individuals believed to be in need of such service.

In view of the constant progress made in the field of medicine and social service, it is impossible to qualify any rules and opinions as absolute and permanent, and we must leave ourselves free to a change of judgment as to what service and scope of activities may, at some future time, be regarded as proper. Judgment and common sense based upon knowledge will always have to be governing factors.

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### FORSYTH DENTAL INFIRMARY.

The Forsyth Dental Infirmary, as it is being conducted, is one of the most notable contributions for the promotion of public health of which the Boston Health Department has knowledge anywhere. Its value is not to be measured by statistics of what it has done in preventing and relieving pathological conditions in individuals.

It is more than a mere clinic. It is an educational institution. Its staff has added much to the world's knowledge of the relation of teeth to health. The Forsyth Dental Infirmary has been hammering into the public consciousness the fact that dental caries and decaying teeth have primarily a nutritional cause, the accompaniment perhaps of some other disease condition, but more often the result of a dietary deficiency on the part of the child or its mother.

## WORRY.

The causes of premature death among the middle-aged place worry first as a prime factor. Worry does two things; it depresses vitality by opening the road to disease, and it predisposes to failure. The worried man is a fearful man; he has self-doubt, and often what the psychologists call an inferiority complex follows. With the vast majority of men, it is as it was with the warrior who, on his premature deathbed, observed to his physician: "I have had many troubles, but most of them never happened." Economic pressure must plead guilty for the high death rate of the middle-aged in that it has made hard work and long and arduous hours necessary for the majority. High pressure consumes the vital forces of a man. To live strenuously, which is the ideal of the times, is to burn out prematurely. Akin to the foregoing cause must be reckoned the depressing and thus devitalizing influences of failure. Men without mental or spiritual resilience do not rebound from failure. It casts them down; and it keeps them down. The secondary causes of the soaring death rate of the middle-aged are physical. Civilization has put into the hands of men many exotic pleasures. They are safe enough for the wise; but they are pitfalls for the weak. The best and greatest factors towards long life are high aims and the development of the capacity for love. There are many instances where love has shielded the wavering flame of life from the cold blasts of pursuing death.—*Gleanings from Current Medical and Pharmaceutical Literature*, "Pharmacal Advance."

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## WHY WE CONTINUE TO HAVE SMALLPOX.

The "Journal of the American Medical Association" recently published the following, presumably as a matter of psychopathic interest. If one thinks that it represents any unusual mental attitude he has only to attend the hearings before the Committee on Public Health at the State House to be convinced to the contrary.

"Another cause of tuberculosis overlooked by reports, defended by many physicians, but responsible for more cases of tuberculosis than all things else combined, is that scarlet sin of modern times, that worse than Babylonian Harlotry, that carbuncle on the back of modern civilization, that excrescence of pollution, that putrid cancer of scientific medical expurgation, whose very name in future generations will bring reproach to the medical fraternity, that poisonous whelp of death, that foulest, filthiest, most death dealing of all operations, namely, vaccination."

“Let no one think for a moment that we slander or hyperbolize in our characterization of this worse than terrible cause of the dreadful disease we are trying to banish from the face of the earth. Not only is vaccination responsible for the growth of tuberculosis in its awful ravages, but it is likewise responsible for the worst of blood diseases, syphilis, cancer, infantile paralysis, locomotor ataxia, shortens the life, decreases the efficiency of the human body and mentality, and never renders immune to smallpox.”— *Copied from a text-book on Chiropractic.*

Legislators, however, who have an eye to votes rather than to public welfare and who have been impressed by the numbers of the mentally abnormal who can be mustered at legislative hearings have now another factor to reckon with.

There was organized in 1923, by men and women of a nationwide reputation in scientific and educational fields, the American Association for Medical Progress. It was organized as a “National Lay Society,” independent to the medical profession. Its purpose is stated to be, “to encourage and aid all research and humane experimentation for the advancement of medical science; and to inform the public of the truth concerning the value of scientific medicine to humanity and to animals.” In other words, the public in this country has found it necessary to organize to protect itself against the influence of the same sort of a mental attitude which has led a certain period in our past history to be known as the Dark Ages.

Among the publications which may be obtained by writing the secretary of the association at its headquarters, 370 Seventh avenue, New York City, are the following:

Smallpox: A preventable disease. Some recent opinions on Modern Vivisection by Competent Living Authorities.

Vivisection and Modern Miracles.

Vivisection and Animal Welfare.

Texas Fever being Conquered as a Result of Vivisection.

How Vivisection abolished Yellow Fever.

How Pasteur Convinced the World.

Jordan-Burbank Letters on Anti-Vivisection.

In view of the recent increasing mortality from smallpox in this country the association's pamphlet on smallpox mentioned above is especially to be commended at this time to everybody interested in public health. It presents in concise form historical and statistical material which has not hitherto been available in a single book or pamphlet.



## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during January. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.40	3.68	15
Allen, Fred H.....	12.44	3.90	29
Antetomasso, Peter.....	12.75	4.17	8
Barron, C. W.....	14.16	4.93	8
Bergmann, John H.....	12.79	3.93	15
Bolio, William J.....	12.88	4.18	279
Brandley, T. J. & P. J.....	12.50	3.90	20
Casey, James D.....	13.18	4.15	8
Cashin, James F.....	12.49	3.93	21
Cedar Hill Farms.....	13.20	4.52	12
Chapin, George H.....	12.48	3.70	28
Childs Brothers.....	12.21	3.80	26
Clapp, Frank L.....	13.68	4.80	20
Clark, Levi.....	12.30	3.87	15
Converse, Marquis M.....	12.37	3.83	69
Corkery, John H.....	12.29	3.75	44
Crowell, Raymond.....	12.24	3.75	50
Cummings, F. S., Company.....	12.15	3.67	12
Cunningham, Paul.....	13.12	4.50	50
Cusick, William F.....	12.89	3.87	47
Deerfoot Farm Milk Company.....	12.60	3.95	23
Denehy, Timothy.....	13.09	4.53	41
Driscoll, William B., Company.....	12.67	3.83	12
Duggan Brothers.....	12.87	3.88	23
Edgerly, Frank S.....	12.50	3.80	49
Elm Spring Farm Milk Company.....	12.47	3.93	18
English, J., & Son.....	13.01	4.07	139
Ferguson, Malcom D.....	12.99	4.02	56
Furbush, Almon J.....	13.60	4.95	12
Garfield, Mason.....	14.59	5.18	15
Garvin, Charles E.....	14.82	6.23	10
Giroux, J. E.....	12.47	3.69	15
Griffin, Joseph L.....	12.87	3.97	15

NAME OF DEALER.	SOLID*.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Gushee, Chester W.....	12.87	3.93	24
Hagar, J. M., & Sons, Inc.....	12.43	3.63	17
Hancock, T. G., Company.....	12.56	4.00	16
Herlihy Brothers.....	12.46	3.72	33
Hickey, Martin J.....	12.59	3.93	29
Holden, John E.....	12.67	4.08	12
Holland & Cosgrove.....	12.41	3.75	27
Hood, H. P., & Sons, Inc.....	12.51	3.82	32
Howe, F. Esther.....	14.30	5.35	14
Hutchinson, Frank T.....	12.26	3.73	16
Jones, William F., Company.....	12.90	4.10	19
Kendall Brothers Company.....	12.31	3.80	63
Kingston, Samuel.....	14.12	4.67	9
Klawe & Freeman.....	12.77	3.87	23
Knapp, George J.....	12.65	3.85	410
Kozlofsky, Fedora.....	12.79	3.97	39
Lang Brothers.....	12.54	3.72	114
Larsson, Charles.....	12.21	3.59	19
Lincoln Farms.....	12.02	3.40	7
Lyndonville Creamery Association.....	12.46	3.85	17
Manning, Peter.....	12.28	3.66	520
Maple Farm Milk Company.....	12.24	3.58	167
McAdams, John F.....	12.46	4.08	67
McKernan, John.....	12.71	4.13	17
Millwood Farms, Inc.....	12.49	3.75	14
Munchbach, George.....	12.39	3.70	50
Newton & Pope.....	12.65	4.02	17
Noble, William F., & Sons.....	12.78	3.98	19
Podren, Philip.....	12.83	3.82	39
Robinson, Albert J.....	12.43	3.77	23
Robinson, J. A.....	12.10	3.70	57
Runkle, J. C.....	13.43	4.60	15
Schuster, Adam.....	12.89	3.92	18
Seven Oaks Dairy Company.....	12.67	3.97	16
Shick, Jacob.....	12.51	3.80	47
Somerset Farms.....	12.91	3.98	9
Sterling Farms Milk Company.....	12.38	3.68	19
Stone, Howard L.....	12.51	3.95	13
Stuart, Wallis E.....	12.48	3.80	18

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Sullivan, J. D.....	12.68	4.02	29
Sullivan, J. L.....	13.14	4.33	362
Swett, Warren J.....	11.85	3.42	187
Turner Centre System, Inc.....	12.54	3.85	30
United Farmers' Co-operative Creamery Company.....	13.03	4.02	11
Vartanian, Gazar.....	12.71	4.03	14
Walker-Gordon.....	13.39	4.58	8
Ware, George H.....	12.78	3.77	13
Weiler, E., & Sons.....	12.29	3.75	20
Werner, F., Company.....	12.27	3.67	147
Westwood Farms.....	12.35	3.77	16
White Brothers.....	12.94	4.03	12
Whiting Milk Company.....	12.21	3.68	155
Whittemore, Warner D.....	12.81	3.88	16
Wiswall, Granville A.....	12.43	3.85	33
Wittenberg & Co.....	12.93	4.00	9
Woodland, Charles L.....	12.46	3.90	31

## CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.56	3.97	19
The Cloverdale Company.....	Turner Centre System, Inc..	12.50	3.70	17
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.58	4.03	19
Economy Grocery Stores Company.	Whiting Milk Companies...	12.24	3.75	91
The Ginter Company.....	United Farmers' Co-operative Creamery Company.	13.10	4.22	14
Morgan Brothers Company.....	Morgan Brothers Company.	12.78	3.97	39
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.47	3.73	20
M. Winter & Co.....	Hyman Winter.....	12.55	3.72	18

The biennial convention of the American Nurses' Association will be held at Atlantic City, May 17-22.



# SUMMARY OF THE WORK, JANUARY, 1926.

## BUREAU OF ADMINISTRATION.

	January.		January
Prosecutions ordered . . . . .	2	Legal notices . . . . .	199
Undertakers' applications approved . . . . .	2	Meeting with Building Commissioner <i>re</i> hospital regulations, . . . . .	1
Lying-In Hospitals approved . . . . .	2	Special draft . . . . .	1
Lying-In Hospitals disapproved, . . . . .	2	Miscellaneous . . . . .	1

## LICENSES, PERMITS, ETC., ISSUED.

	January.		January.
Burial permits . . . . .	1,201	Garbage . . . . .	1
Milk . . . . .	136	Undertakers . . . . .	2
Pedlers . . . . .	14	Denatured alcohol . . . . .	17
Stable permit, final . . . . .	1	Manicure-Massage . . . . .	29
Stable permit, temporary . . . . .	1	Sausage . . . . .	1
Dumps . . . . .	19		

## MEDICAL DIVISION.

	January.		January.
Visits:		Medical inspector's activities:	
By medical inspectors . . . . .	2,393	Schick tests . . . . .	165
By veterinarian . . . . .	149	Schick readings . . . . .	111
By investigators . . . . .	298	Toxin-antitoxin injections . . . . .	131
By nurses * . . . . .	3,857	Vaccinations . . . . .	146
Cases brought to Boston for treatment . . . . .	96	Vaccination certificates . . . . .	46
Nurses, Schick activities * . . . . .	407	Deaths investigated . . . . .	31

\* Visits also included in report of "Nursing Service."

## NURSING SERVICE.

(For Child Hygiene and Medical Divisions.)

Homes visited . . . . .	14,786
Total number of new cases visited . . . . .	4,051
Total number of old cases visited . . . . .	11,785
Total number of new and old cases visited . . . . .	15,836
Wrong address . . . . .	356
Not seen * . . . . .	1,767
Baby and pre-school visits . . . . .	9,856
Communicable disease visits † . . . . .	3,857
	15,836
Infant death investigations (inclusive in homes visited) . . . . .	59
Maternal death investigations (inclusive in homes visited) . . . . .	4
Patients accompanied to hospital . . . . .	15
Other special visits * . . . . .	1,292
Nurses visits to Day Nurseries . . . . .	33
Total number of all visits . . . . .	17,176
Parochial school children weighed and measured . . . . .	11,904

\* Most of these "Special Visits" and "Not Seen" were made in the interest of the Parochial School children.

† Includes 244 Ophthalmia visits.

## HEALTH UNITS.

January.

### MISCELLANEOUS UNIT ACTIVITIES:

Complaint of insanitary conditions . . . . .	9
Number of persons given health and other information . . . . .	500
City visitors . . . . .	15
Out of city visitors . . . . .	11
Routine medical inspection of adults (evening service) . . . . .	9

### DENTAL SERVICE:

Number of operations . . . . .	2,677
Number of dismissals . . . . .	458
Number of children treated . . . . .	535
Prophylaxis . . . . .	120

### EYE SERVICE:

New cases . . . . .	22
Number of refractions . . . . .	56
Number of revisits . . . . .	34

### MEDICAL DIVISION OF HEALTH DEPARTMENT:

#### Work performed by medical inspector:

Visits made by medical inspector in the district† . . . . .	197
Vaccinations performed by medical inspector† . . . . .	42
Number of vaccination certificates issued . . . . .	15
Antitoxin, antityphoid and toxin, antitoxin administered . . . . .	22
Number of children examined for day nurseries . . . . .	22

#### Nurses' visits\*:

Communicable disease visits by nurses in district . . . . .	268
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### CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡

Number of child health conferences . . . . .	16
Total attendance at child health conferences . . . . .	619
New babies at conferences . . . . .	71
Number of pre-school conferences . . . . .	25
Total new and old baby pre-school visits . . . . .	1,153
Home visits to babies and pre-school children . . . . .	2,712
Infant death investigation visits . . . . .	4
Special visits . . . . .	288
Number of posture classes . . . . .	7
Attendance at posture classes . . . . .	113

### BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	977
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### BOSTON LYING-IN HOSPITAL:

#### Pre-natal Clinic:

Number of clinics . . . . .	4
Attendance . . . . .	72
Home visits . . . . .	24

### COMMUNITY HEALTH ASSOCIATION:

#### General Division:

Home visits by nurses . . . . .	2,773
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### BOSTON DISPENSARY:

Calls by district physician . . . . .	80
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### JEWISH WELFARE CENTER:

Number of nutrition clinics . . . . .	4
Attendance at clinics . . . . .	8
Number of children examined at clinics . . . . .	8

### STATE DEPARTMENT OF MENTAL DISEASES:

Number of clinics . . . . .	5
Attendance at clinics . . . . .	16
Visits of workers . . . . .	45

\* Included in report of "Nursing Service."

† Included in report of "Medical Division."

‡ Included in report of "Child Hygiene Division."

# MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, JANUARY, 1926.

## SYPHILIS.

	January.
Current cases under investigation January 1, 1926 . . . . .	20
New cases assigned during the month . . . . .	16
New cases reported by number . . . . .	75

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	10
Not Located:	
Further treatment unnecessary . . . . .	4
Search abandoned . . . . .	4
Under investigation January 31, 1926 . . . . .	18
Total . . . . .	<u>36</u>

## GONORRHEA.

Current cases under investigation January 1, 1926 . . . . .	50
New cases assigned during the month . . . . .	80
New cases reported by number . . . . .	209

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	25
Unable to locate . . . . .	22
False addresses . . . . .	11
Not Located:	
Under investigation January 31, 1926 . . . . .	72
Total . . . . .	<u>130</u>

## SUMMARY.

Current cases under investigation January 1, 1926 . . . . .	70
New cases assigned during the month . . . . .	96
Total . . . . .	<u>166</u>

### DISPOSITION OF CASES.

Located:	
Placed under treatment . . . . .	35
Unable to locate . . . . .	26
False addresses . . . . .	15
Not Located:	
Under investigation January 31, 1926 . . . . .	90
Total . . . . .	<u>166</u>

### General disease complaints:

New cases . . . . .	3
Under investigation January 31, 1926 . . . . .	11

### Disposition of complaints:

Under treatment . . . . .	4
Under investigation January 31, 1916 . . . . .	10
Total . . . . .	<u>14</u>



# CHILD HYGIENE DIVISION.

STATION.	Total Attendance.	Number of Babies.	Number of Preschool Children.	Total New Children.	New Babies (2 Years and Under).	New Preschool Children.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
19 North Beacon street.....	194	193	1	120	119	1	4	49
31 Lincoln street.....	31	28	3	23	20	3	3	9
CHARLESTOWN.								
Charlestown Municipal Building.....	319	283	36	87	77	10	8	35
DORCHESTER.								
Codman Square Library Building....	285	276	9	194	185	9	4	71
Columbia Road Municipal Building..	398	379	19	50	44	6	8	47
7 Gordon place.....	184	184	0	35	35	0	4	46
EAST BOSTON.								
16 Chelsea street.....	157	126	31	23	22	1	4	39
406 Meridian street.....	137	130	7	31	26	5	4	34
177 Webster street.....	150	124	26	32	22	10	4	38
HYDE PARK.								
Hyde Park Municipal Building.....	124	122	2	86	86	0	4	31
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	158	155	3	70	67	3	4	40
NORTH END.								
41 North Margin street.....	296	212	84	56	38	18	8	37
ROSLINDALE.								
Roslindale Municipal Building.....	216	204	12	107	96	11	4	54
ROXBURY.								
Beth Israel Hospital.....	153	152	1	26	25	1	4	33
Children's Hospital.....	95	95	0	12	12	0	4	24
1049 Columbus avenue.....	234	215	19	46	41	5	8	29
Vine Street Municipal Building.....	138	128	10	35	31	4	4	35
SOUTH BOSTON.								
Carney Hospital.....	189	179	10	50	40	10	5	38
SOUTH END.								
70 Emerald street.....	137	113	24	39	19	20	4	34
46 Lovering street.....	114	97	17	25	10	15	4	29
640 Harrison avenue.....	111	86	25	21	5	16	4	28
Shawmut Avenue Municipal Building	137	129	8	32	26	6	4	34
Tyler Street Municipal Building.....	116	91	25	26	12	14	4	29
WEST END.								
17 Blossom street.....	323	250	73	40	33	7	8	40
Totals.....	4,396	3,951	445	1,266	1,091	175	116	38

STATION.	Total Attendance Poster Classes.	Number of Poster Classes.	Average Attendance.	Total Attendance at Posture Clinics.	Number of Posture Clinics.	Average Attendance.
NORTH END.						
41 North Margin street.....	90	5	18	287	12	24
WEST END.						
17 Blossom street.....	113	7	16	142	9	16
Totals.....	203	12	17	429	21	20

## FOOD INSPECTION DIVISION.

### MARKET, STORE AND RESTAURANT SERVICE.

	January.
New reports . . . . .	3,918
Stores inspected . . . . .	4,290
Sanitary defects remedied . . . . .	103
Complaints at office . . . . .	31
Referred to Sanitary Division . . . . .	14
Milk applicants . . . . .	108
Notices to abate nuisances . . . . .	44
Court cases . . . . .	9
Convictions . . . . .	4
Fines . . . . .	\$25
Continued . . . . .	2
Peddlers:	
Applications for licenses approved . . . . .	13
Vehicles inspected and approved . . . . .	364
Laboratory Examinations:	
Bacteriological . . . . .	6
Chemical . . . . .	4

### CONDEMNATIONS.

Meat:		Fruit:	
Beef . . . . .	8 pounds	Grapes . . . . .	40 pounds
Fowl . . . . .	40 pounds	Vegetables:	
Lamb . . . . .	20 pounds	Tomatoes . . . . .	1 can
Ox tails . . . . .	80 pounds	Tomatoes . . . . .	20 pounds
Pig . . . . .	59 pounds	Miscellaneous:	
Poultry . . . . .	50 pounds	Candy . . . . .	1,700 pounds
		Fruit syrup . . . . .	1 gallon

### SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.			
Candy . . . . .	1	Ham . . . . .	1
Fish . . . . .	1	Pork . . . . .	1

## LIVE STOCK INSPECTION (Brighton Abattoir).

	January.		January.
Cattle inspected . . . . .	485	Parts condemned (lbs.) . . . . .	526
Calves inspected . . . . .	1,537	Animals condemned . . . . .	9
Swine inspected . . . . .	4,734		

### DAIRY DIVISION.

	January.		January.
Total inspection . . . . .	2,675	Inspections of milk plants and licensed dealers . . . . .	230
Dairies inspected . . . . .	178	Bacteriological examinations . . . . .	965
Scoring above 50 * . . . . .	142	High bacterial counts investi- gated . . . . .	8
Scoring below . . . . .	36	Country creamery inspections, . . . . .	37
With milk rooms . . . . .	128	Sediment tests . . . . .	1,238
Without milk rooms . . . . .	50		
Inactive . . . . .	19		
Total cattle inspected . . . . .	3,795		

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	January.
Milk from wagons . . . . .	301
Milk from stores . . . . .	1,052
Milk brought by citizens . . . . .	10
Vinegar . . . . .	74
Butter and cheese . . . . .	9
Ice cream . . . . .	1
Eggs . . . . .	1
Water . . . . .	1
Liquor . . . . .	5

### BACTERIOLOGICAL:

Milk . . . . .	677
Ice cream . . . . .	63
Cases . . . . .	12
Fines . . . . .	\$280

## BACTERIOLOGICAL LABORATORY.

	January.
Diphtheria . . . . .	906
Tuberculosis . . . . .	274
Typhoid . . . . .	37
Gonorrhea . . . . .	718
Gonorrheal ophthalmia . . . . .	82
Syphilis . . . . .	1,348
Other examinations * . . . . .	37
Bacteriological examinations of milk . . . . .	677
Bacteriological examinations of ice cream . . . . .	63

\* Malaria, 4; dark field 2; feces for typhoid, 1; urine for coli, 1; tests for virulence, 1; genito-urinary T. B., 6; rabies, 5; urine for typhoid, 1; food for poison, 7; swimming pools examined, 9.

## SANITARY INSPECTION DIVISION.

	January.
Original inspections . . . . .	1,885
New reports (defects noted) . . . . .	2,254
Re-inspections . . . . .	5,431
Legal notices served . . . . .	195
Complaints investigated . . . . .	440
Court cases authorized . . . . .	21



# VITAL STATISTICS, JANUARY, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING JANUARY, 1926, WITH COMPARATIVE FIGURES FOR JANUARY, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,049	1,136	—87	15.99	17.41	—1.42
Nonresidents deducted.....	898	953	—55	13.69	14.60	— .91
By AGE:						
Under one year.....	97	178	—81	1.48	2.73	—1.25
One year to four years, inclusive.....	37	53	—16	.56	.81	— .25
Sixty years and over.....	479	428	+51	7.30	6.56	+ .74
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	71	71	.....	1.08	1.09	— .01
Arteriosclerosis.....	45	46	—1	.69	.70	— .01
Heart disease.....	240	194	+46	3.66	2.97	+ .69
Nephritis, chronic.....	54	56	—2	.82	.86	— .04
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,185	1,152	—33	18.06	17.65	+ .41
b. Registered stillbirths.....	33	41	—8	.50	.63	— .13
Stillbirths per 1,000 births and stillbirths.....				27.09	34.37	—7.28
c. Deaths of mothers from causes incident to childbirth.....	10	11	—1	.15	.17	— .02
Deaths of mothers per 1,000 births and stillbirths.....				8.21	9.22	—1.01
Deaths of children in first year of life...	97	178	—81	1.48	2.73	—1.25
Deaths in first year per 1,000 live births, .....				81.86	154.51	—72.65
VIOLENCE:						
Accidents.....	30	42	—12	.46	.64	— .18
Homicides.....	4	3	+1	.06	.04	+ .02
Suicides.....	7	10	—3	.11	.15	— .04
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	13	23	—10	.20	.35	— .15
Broncho-pneumonia.....	69	70	—1	1.05	1.07	— .02
Cancer.....	101	109	—8	1.54	1.67	— .13
Cirrhosis of the liver.....	3	1	+2	.04	.015	+ .02
Diabetes mellitus.....	26	25	+1	.40	.38	+ .02
Diarrheal diseases, children under two years of age.....	7	9	—2	.11	.14	— .03

# BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON, JANUARY, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER:			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....	Cases.. 1	3	-2	.015	.04	.025
	Deaths.. —	—	—	—	—	—
Cerebrospinal meningitis.....	Cases.. 8	6	+2	.12	.09	+ .03
	Deaths.. 2	6	-4	.03	.09	-.06
Diphtheria.....	Cases.. 109	162	-53	1.66	2.48	-.82
	Deaths.. 4	15	-11	.06	.23	-.17
Influenza.....	Cases.. 16	30	-14	.24	.46	-.22
	Deaths.. 6	11	-5	.09	.17	.08
Measles.....	Cases.. 711	451	-260	10.84	6.91	+3.93
	Deaths.. 12	13	-1	.18	.20	-.02
Pneumonia (lobar).....	Cases.. 230	239	-9	3.51	3.66	-.15
	Deaths.. 70	71	-1	1.07	1.09	-.02
Scarlet fever.....	Cases.. 366	488	-122	5.58	7.48	-1.90
	Deaths.. 4	8	-4	.06	.12	-.06
Tuberculosis (pulmonary).....	Cases.. 164	176	-12	2.50	2.63	-.13
	Deaths.. 62	59	+3	.94	.90	+ .04
Tuberculosis (other forms).....	Cases.. 22	30	-8	.33	.46	-.13
	Deaths.. 6	11	-5	.09	.17	-.08
Typhoid fever.....	Cases.. 7	7	—	.11	.11	—
	Deaths.. —	1	-1	—	.015	-.015
Whooping cough.....	Cases.. 443	117	+326	6.75	1.77	+4.98
	Deaths.. 10	4	+6	.15	.06	+ .09

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.

1559

# MONTHLY BULLETIN HEALTH DEPARTMENT



## CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, MARCH, 1926.

NO. 3

### TUBERCULOSIS SURVEY.

Beginning early last summer the Health Department undertook one of its periodic surveys to determine the present condition of the 12,540 cases of pulmonary tuberculosis which according to our office records were presumably alive and living in Boston.

Of these 12,540 cases, 9,106 were found to be still alive and living in the city.

The fluctuating character of an American urban population is well indicated by the fact that of the remaining 3,434 cases, about 3,000 were so completely lost as to make it impracticable to try to find them or to learn what had become of them with the resources at the command of the Boston Health Department. It may be assumed that nearly all had left the city. The survey served to show that at least half of the 12,540 cases standing in official records were still alive somewhere.

One unexpected fact brought out by the tabulation of the results of the survey was the information that of the 12,540 cases officially reported as tuberculosis, 141 cases were subsequently declared not to be cases of pulmonary tuberculosis at all and request made that the diagnosis be withdrawn.

According to official records, as corrected by the survey, there



are at present living in the city, 1,040 persons in whom pulmonary tuberculosis was discovered during their school age. As this includes those already known six years ago to have had pulmonary tuberculosis during their school age, as well as those who may have been reported since then, the number of school children in Boston officially known to have pulmonary tuberculosis at the time the State Health Department began actual examination of Boston school children last autumn, may be placed at less than 1,000. Some of the tabulated results of the survey are shown in the following tables:

NUMBER OF CASES OF EACH TABULATED FORM OF TUBERCULOSIS.

Tuberculosis of the respiratory system . . . . .	8,458
Tuberculosis of the meninges, etc. . . . .	8
Tuberculosis of the intestines and peritoneum . . . . .	33
Tuberculosis of the vertebral column . . . . .	34
Tuberculosis of the joints . . . . .	180
Tuberculosis of other organs . . . . .	393
Total cases . . . . .	<u>9,106</u>

SEX OF CASES OF TUBERCULOSIS, ALL FORMS.

Males . . . . .	5,090
Females . . . . .	4,016
Total . . . . .	<u>9,106</u>

WARD RESIDENCE IN BOSTON AT TIME OF SURVEY.

Ward.	Population.	Cases.
1 . . . . .	66,534	682
2 . . . . .	37,918	458
3 . . . . .	73,670	1,539
4 . . . . .	34,286	413
5 . . . . .	37,036	480
6 . . . . .	39,539	509
7 . . . . .	34,999	379
8 . . . . .	35,611	489
9 . . . . .	37,706	730
10 . . . . .	30,647	372
11 . . . . .	29,567	333
12 . . . . .	33,890	325
13 . . . . .	29,266	283
14 . . . . .	46,046	365
15 . . . . .	27,831	298
16 . . . . .	26,546	223
17 . . . . .	26,604	248
18 . . . . .	32,020	279
19 . . . . .	24,132	179
20 . . . . .	22,915	133
21 . . . . .	26,387	149
22 . . . . .	26,110	237
		<u>9,106</u>

# CASES OF TUBERCULOSIS IN AGE GROUPS.

Under	1 year	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	20
	1 year	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	30
	2 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	76
	3 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	58
	4 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	41
	5 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	71
	6 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	60
	7 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	74
	8 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	79
	9 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	70
	10 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	119
	11 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	97
	12 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	117
	13 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	122
	14 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	120
	15-19 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	735
	20-24 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1,442
	25-29 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1,221
	30-34 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1,015
	35-39 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	912
	40-44 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	902
	45-49 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	436
	50-54 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	427
	55-59 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	243
	60-64 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	194
	65-69 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	99
	70-74 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	57
	75-79 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	19
	80-84 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10
	85-89 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	—
	90-94 years	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1
																				8,867
Unknown	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	239
Total	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<u>9,106</u>

## FAMILY HISTORY OF TUBERCULOSIS.

With a history	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2,066
No history	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4,882
Unknown	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2,158
Total	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	<u>9,106</u>

## EXTRA CASES IN FAMILY.

850 reported cases have 1 other case in family.  
 216 reported cases have 2 other cases in family.  
 25 reported cases have 3 other cases in family.  
 11 reported cases have 4 other cases in family.  
 1 reported case has 5 other cases in family.  
 1 reported case has 6 other cases in family.

# OTHER CASES IN HOUSE, OUTSIDE OF FAMILY.

351 reported cases have 1 other case in house.  
 128 reported cases have 2 other cases in house.  
 6 reported cases have 3 other cases in house.  
 7 reported cases have 4 other cases in house.

## BIRTHPLACE.

	Mother.	Father.
United States . . . . .	1,936	2,059
Ireland . . . . .	2,005	1,899
England, Wales and Scotland . . . . .	344	388
Germany . . . . .	126	117
Canada . . . . .	998	969
Scandinavia . . . . .	114	125
Italy . . . . .	683	683
France . . . . .	32	34
Austria . . . . .	47	41
Russia and Poland . . . . .	1,142	1,132
Other foreign countries . . . . .	565	568
Unknown . . . . .	1,114	1,091
	<u>9,106</u>	<u>9,106</u>

## OCCUPATION OF CASES OF PULMONARY AND OTHER FORMS OF TUBERCULOSIS AT ONSET OF SYMPTOMS.

Auto mechanic . . . . .	10
Baker . . . . .	88
Barber . . . . .	53
Candy factory worker . . . . .	39
Carman . . . . .	2
Carpenter . . . . .	110
Chauffeur . . . . .	59
Cigar maker . . . . .	48
Clerk and office worker . . . . .	677
Cobbler . . . . .	9
Domestic . . . . .	195
Electrician . . . . .	9
Houseworker . . . . .	1,614
Laborer . . . . .	793
Laundress . . . . .	83
Machinist . . . . .	169
Mariner . . . . .	30
Milliner and dressmaker . . . . .	83
Painter . . . . .	83
Plumber . . . . .	21
Printer . . . . .	61
Professional and business . . . . .	205
Salesman . . . . .	171
Shoe factory worker . . . . .	152
Steel engraver . . . . .	3
Stone cutter . . . . .	21
Pedler . . . . .	76
Tailor . . . . .	144



Teamster . . . . .	97
Textile factory worker . . . . .	276
Waiters . . . . .	159
Student . . . . .	942
Veteran . . . . .	91
Other mechanics . . . . .	441
Other minor occupations . . . . .	730
No occupation stated . . . . .	1,362
<hr/>	
Total . . . . .	<u>9,106</u>

## SALE OF MILK IN BOTTLES.

Slow progress is being made in extending the sale of bottled milk in restaurants, according to a report of our milk inspector. It would be desirable to have all of the milk served in these places handled in this manner, but many proprietors of these establishments view the subject from the price basis alone. They do not consider that by the bulk method the opportunities for increase in bacterial content are multiplied and that in many instances the cream is unevenly distributed by lazy or disobedient employees, so that it frequently happens that customers are served with skimmed milk instead of normal products. The patrons of restaurants and hotels dealing in loose milk may be further defrauded by the dishonesty of the owners or help in these establishments through the wilful removal of cream and the serving of the resulting skimmed milk for milk. Under these circumstances consumers are not buying milk at a lower price because of its sale in bulk; they are being defrauded, and are paying more than the actual value of what is being served to them. The prosecutions for milk varying from the legal standards of fat or milk solids plainly indicate that as between the bottled milk in shops, hotels, and restaurants, the predominance of these actions is very largely on account of the bulk product.

At this time all of the milk concerns are charging for bottles. This has had a marked influence on their condition. As this charge is passed on to customers by storekeepers, the milk bottle is thereby made an article of value to the consumer. Thus milk bottles are better conserved by the public, and more of them are annually returned to their owners.

As compared with former years there is pronounced advancement in the cleaning of milk and cream bottles by consumers, but there are many householders who continued the slovenly habit of not rinsing these containers after emptying. The education of these latter with respect to this proposition is a difficult problem, as the people concerned are filthy in other matters, as well as with milk

bottles. This want of care with these bottles renders their subsequent cleaning difficult, and sometimes apparently impossible, by modern devices, so that particles of dried milk may adhere to the sides of the containers. Where these are later employed for the delivery of milk, their appearance may result in complaints from other consumers. These are brought to the attention of the milk inspector and of the dealers. Thus the neglect of one individual may make trouble for many.

The report of the Milk Package Exchange, Inc., showed that this company did a large business last year. During that time this concern collected from city encumbrance yards 186,187 bottles and the Milk Exchange's trucks brought in 283,896 bottles, and there was delivered by dealers to the exchange, 275,076 bottles, making a total of 738,971 bottles. These bottles brought considerable income to the exchange. At the rate of two cents apiece, the amount equalled \$14,779.42. Although this was somewhat less than the cost of the bottles, it is very large when it is realized that this is practically wasted money, for if the dealers had all their bottles returned to them they would not have to pay the Milk Package Exchange for their trouble in the matter.

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## SEASONAL INCREASE IN RESPIRATORY INFECTIONS.

This is the season of the year when absenteeism from colds and other respiratory infections in employees in big industrial establishments usually reaches its maximum. Since January 1 reported cases of influenza and pneumonia and deaths from these conditions are below the average of the last five years. There are less indications of an epidemic of influenza or pneumonia in Boston now than there were last November. This does not mean, of course, that something of the sort as has been reported in other cities may not appear in Boston and develop rapidly.

Should signs of anything of the sort appear people should bear in mind that diseases like influenza and pneumonia are contagious and that they may be spread both by persons who are apparently well and by those who are sick. The avoidance of infection is largely a matter of personal cleanliness, of keeping away from crowds where people cough and sneeze and talk in each other's faces, avoiding food which has been coughed upon or sneezed over, never using cups, spoons, glasses or other eating or drinking utensils whether in the home or elsewhere, which have not been actually sterilized by the dish washing process, and by invariably washing one's own hands before eating. Getting disease germs into one's nose or mouth does

not necessarily mean that he is going to develop influenza or pneumonia. More than anything else getting tired knocks out one's natural resistance and makes him vulnerable. It makes no difference whether the person becomes tired out from overwork or over-  
amusement, loss of sleep, or bad poisonous air, or a cold which the person may regard as of no importance. When we get influenza or a bad cold we have learned that the only way to escape possibly serious consequences is to go to bed and stay there until every indication of fever has completely disappeared.

The following table shows the reported cases of influenza and pneumonia and deaths for the first ten weeks of each of the last five years:

FIRST TEN WEEKS. YEAR.	INFLUENZA.		LOBAR PNEUMONIA.	
	Cases.	Deaths.	Cases.	Deaths.
1922.....	2,045	49	682	284
1923.....	316	72	667	346
1924.....	36	11	518	159
1925.....	192	40	828	224
1926.....	36	15	512	150

**BACTERIA ASSOCIATED WITH DISEASED TONSILS.**

Examination of 147 pairs of diseased tonsils, after removal, showed the presence of pathogenic bacteria as stated below. In seven instances pure cultures of the streptococcus hemolyticus and in one instance of the streptococcus viridans were obtained:

ORGANISM.	Number of Times Found.	Per Cent.
Streptococcus hemolyticus.....	133	90.4
Staphylococcus.....	92	62.5
Streptococcus viridans.....	46	31.2
M. Catarrhalis.....	29	19.7
B. Influenza.....	25	17.0
Pneumococcus.....	13	8.8
B. Mucosus.....	8	5.4
B. Diphtheria.....	6	4.0
Nonhemolytic streptococci.....	2	1.3

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during February. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.34	3.72	13
Allen, Fred H.....	12.38	3.78	15
Antetomasso, Peter.....	12.43	3.83	9
Barron, Clarence W.....	13.88	5.10	8
Bergmann, John H.....	12.69	3.95	15
Bolio, William J.....	13.48	4.60	160
Brandley, T. J., & P. J.....	12.58	3.93	13
Casey, James D.....	12.66	3.88	700
Cashin, James F.....	12.57	3.88	17
Cedar Hill Farms.....	13.63	4.65	11
Chapin, George H.....	12.44	3.70	15
Childs Brothers.....	12.18	3.58	26
Clapp, Frank L.....	13.42	4.65	10
Clark, Levi.....	12.35	3.88	17
Converse, Marquis M.....	12.60	3.83	21
Corkery, John H.....	12.15	3.63	46
Crowell, Raymond.....	12.69	3.92	26
Cummings, F. S., Company.....	12.10	3.64	11
Cunningham, Paul.....	13.70	4.55	66
Cusick, William H.....	12.93	4.03	206
Deerfoot Farm Milk Company.....	12.59	3.95	19
Denehy, Timothy.....	12.82	4.10	19
Driscoll, William B., Company.....	12.84	3.93	16
Duggan Brothers.....	12.85	3.88	25
Edgerly, Frank S.....	12.50	3.93	50
Elm Spring Farm Milk Company.....	12.42	3.85	24
English, J., & Son.....	13.00	4.05	80
Ferguson, Malcolm D.....	12.80	3.93	110
Furbush, Almon J.....	13.10	4.20	120
Garfield, Mason.....	14.98	5.50	18
Garvin, Charles E.....	14.26	5.25	19
Giroux, J. E., & H. J.....	12.70	3.80	24
Griffin, Joseph L.....	12.90	3.95	13
Gushee, Chester W.....	12.77	3.88	98



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Hagar, J. M., & Son, Inc.....	12.37	3.98	16
Herlihy Brothers.....	12.37	3.75	93
Hickey, Martin J.....	12.44	3.83	22
Holden, John E.....	12.85	4.03	15
Holland & Cosgrove.....	12.61	3.83	83
Hood, H. P., & Sons, Inc.....	12.35	3.83	18
Howe, F. Esther.....	12.86	3.70	20
Hutchinson, Frank F.....	12.46	3.80	12
Jones, William T., Company.....	12.80	4.05	18
Kendall Brothers Company.....	12.25	3.68	84
Kingstone, Samuel.....	14.86	5.05	24
Klaw & Freeman.....	12.79	3.90	28
Knapp, George J.....	12.75	3.83	82
Kozlofsky, Fedora.....	12.79	3.92	87
Lang Brothers.....	12.40	3.63	14
Larsson, Charles.....	12.42	3.66	16
Lincoln Farms, Inc.....	12.34	3.73	9
Lyndonville Creamery Association.....	12.89	4.15	20
Manning, Peter.....	12.31	3.65	460
Maple Farm Milk Company.....	12.37	3.61	95
McAdams, John F.....	12.74	4.05	52
McKernan, John.....	12.48	3.90	26
Millwood Farm.....	12.42	3.80	14
Munchbach, George.....	12.51	3.82	47
Newton & Pope.....	13.08	4.30	14
Noble, William F., & Son.....	12.96	4.15	10
Podren, Phillip.....	12.96	4.08	320
Robinson, A. J.....	12.43	3.80	23
Robinson, J. A.....	12.78	4.30	45
Runkle, J. C.....	13.04	4.28	603
Schuster, Adam.....	12.89	3.97	20
Seven Oaks Dairy Company.....	12.67	3.93	60
Shick, Jacob.....	12.59	3.83	25
Somerset Farms.....	13.15	4.17	7
Sterling Farms Milk Company.....	12.59	3.82	22
Stone, Howard L.....	12.50	3.85	16
Stuart, Wallis E.....	12.42	3.75	14
Sullivan, J. D.....	12.48	3.90	19
Sullivan, J. L.....	13.00	4.60	14
Swett, Warren.....	12.45	3.68	106

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Turner Centre System.....	12.61	3.87	13
United Farmers' Co-Operative Creamery Company.....	13.00	4.10	11
Vartanian, Setrag.....	12.86	4.15	30
Walker-Gordon Laboratory Company.....	12.72	4.05	9
Ware, George H.....	12.64	3.75	19
Weiler, E., & Son.....	12.41	3.76	253
Werner, F., Company.....	12.43	3.73	19
Westwood Farm Milk Company.....	12.30	3.62	17
White Brothers.....	12.69	3.95	12
Whiting Milk Company.....	12.42	3.81	102
Whittemore, Warner D.....	12.73	3.87	16
Wiswall, Granville A.....	12.50	3.80	20
Wittenberg & Co.....	13.07	4.10	21
Woodland, Charles L.....	12.33	3.75	15

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands per Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Son, Inc.....	12.50	3.92	27
The Cloverdale Company.....	Turner Centre System, Inc.,	12.58	3.82	20
John T. Connor.....	Bellows Falls Co-operative Creamery Company.	12.84	4.18	17
Economy Grocery Stores Company.	Whiting Milk Companies...	12.23	3.75	336
The Ginter Company.....	United Farmers Co-operative Creamery Company.	12.94	4.13	12
Morgan Brothers Company.....	Morgan Brothers Company.	12.60	3.93	20
O'Keeffe's, Inc.....	J. H. Hagar & Sons.....	12.57	3.91	16
M. Winer & Co.....	Hyman Winer.....	12.92	4.03	11

### EXTRACT FROM A REPORT OF THE RECORD COMMISSIONERS OF THE CITY OF BOSTON.

1678.

6th May. At a meetinge of all the Selectmen.

Whereas ye Honrd Councill by an ordr of the 2d of this inst haue ordrd and impowred the Select men to take care yt noe person or persons doe lay abroad either bed, beddinge or other clothes of any person yt hath lately hath had ye small pox about their houses gardens highwayes &c. to the offence or prejudice or their neighbors. or other & that none hath or may have had the said disease goe abroad too soone. It is now ordered and all psons masters of families

parence or others are hereby required not to lay out any such clothes, of such diseased people except it be in ye dead time of the night & in such place or places as shall be assigned them by the Selectmen as under written or the aprobation of Wm Needham, Robt Williams or Thomas Varney who are hereby apoynted to inspect the same and that such clothes are accryed out of theire houses and brought home in the night. The place at ye north end of ye towne to be vpon the hill aboue Charlestowne Ferry; & for ye rest Fort hill within the Fort, Centrie Hill, or betweene Windmill hill and Fox hill on ye Comon. It is further ordrd and all Masters of families parence and others are required that noe such person as have had the said disease be suffred to goe abroad into the streete to the offence of any before they are throughlie well vpon the penaltie expressed in the foresaid order of the Generall Court.

Constables ordrd & instructions given them to set a watch euery night of 12 men accordinge to ye said instructions.

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### MEASLES IN BOSTON DURING 1925.

During the year 1925, there were in Boston 114 deaths ascribed in medical certificates to measles. While two or three decades ago, this number of reported deaths from measles was nothing unusual, the mortality in Boston from measles last year was more than twice the annual average for many years past.

In looking for an explanation, one notes that the reported cases were also relatively high last year in comparison with the average for recent years, but hardly high enough to be regarded as responsible entirely for the increase in deaths.

It is not a general practice in Boston for a family to call in a physician in a case of measles unless alarming symptoms develop, and while the Health Department is not wholly dependent on physician's reports for the discovery of cases of measles, it is evident that a considerable proportion of the cases of measles occurring in the city do not become a matter of official record. It is believed, however, that deaths attributable to measles are usually so reported and recorded.

There were reported last year 6,683 cases of measles and if this number represents even a majority of the cases occurring in the city, the mortality is really so small as naturally to make it very difficult statistically to identify the probable cause of an increase of perhaps 50 or 60 cases over what might be called the expected mortality. An effort, however, has been made to do so and the special statistical data which has been gathered shows the following.

Owing to the frequency of pneumonia epidemics in measles wards of hospitals an effort was made to discover indications of

such an explanation for the rise in measles mortality in Boston last year, especially as Boston serves as a hospital center for the hospitalization of contagious diseases of a considerable territory outside the city limits.

The figures showed about a 50 per cent increase in hospital admissions for measles as compared with 1924. It also appeared that forty-nine or not far from one half of the deaths occurred in hospitals. That nonresidents were not an important factor was evident from the fact that only eight of the deaths were of nonresidents. Of all the reported deaths, 93 per cent were in children between the ages of nine months and two years. Children of that age in Boston, with measles, are not likely to be sent to hospitals unless some serious complications have developed. It seems justifiable, therefore, to exclude hospitals as a factor in the matter.

In looking over the distribution of the deaths it is to be noted that except for three wards, the deaths are fairly proportionate to the relative family population of the different wards. The exceptional three wards differ from others also in that they have the largest proportion of first and second generation Italian population of any wards in the city. Furthermore in compiling the birthplaces of the mothers of the one hundred and fourteen fatal cases of measles, it is to be noted that forty-four had American-born mothers. With one exception, the maternity of the others was fairly proportionate to the population of the same foreign nationalities in the city. The one exception was Italian mothers. Thirty-five of the mothers of the fatal cases of measles were Italian born. It has not been deemed of sufficient importance to go to the trouble of seeing how many of all the fatal cases had Italian names, but considering the population of the wards in which most of the deaths occurred and the fact that thirty-five of the fatal cases had Italian-born mothers, it seems highly probable that American-born mothers of Italian parentage would bring over half the deaths from measles within the Italian population of the city.

While it has not been attempted to analyse carefully the mortality from measles with respect to nationality in other years, there are indications that the mortality rate from measles in Boston might be shown to be constantly higher in the Italian population than among other nationalities.

So far, therefore, as the evidence goes with respect to the cause of the increase in mortality from measles the past year, it may be stated that in so far as such increase may not be due to an increase in the number of cases, it is attributable to some unknown factor which is operative to greater extent among the Italian population of Boston than among other nationalities.



## RULES OF HYGIENE.

1. Ventilate every room you occupy.
2. Wear loose, porous clothing suited to season, weather, and occupation.
3. If you are an indoor worker, be sure to get recreation outdoors.
4. Sleep in fresh air always; in the open if you can.
5. Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so too.
6. Always wash the hands before eating.
7. Do not overeat. This applies especially to meats and eggs.
8. Eat some hard and some bulky foods; some fruits.
9. Eat slowly — chew thoroughly.
10. Drink sufficient water daily.
11. Evacuate thoroughly, regularly.
12. Stand, sit, and walk erect.
13. Do not allow poisons and infections to enter the body.
14. Keep the teeth, gums, and tongue clean.
15. Work, play, rest, and sleep in moderation.
16. Keep serene. Worry is the foe of health. Cultivate the companionship of your fellow men.
17. Avoid self drugging. Beware the plausible humbug of the patent medicine faker.
18. Have your doctor examine you carefully once a year. Also consult your dentist at regular intervals.— (U. S. P. H. S.)

## CERTIFIED, GRADE "A" MILK AND "SUPERIOR" MILK IN BOSTON.

The quantity of certified milk sold daily has decreased by about 97 quarts; the consumption of this product is now apparently 3,220 quarts, or 0.75 per cent of the daily supply.

Grade "A" milk was the subject of legislation in 1924. The acts of that year, known as chapter 310, is the subject of this law. The dealers who sell this milk now must have upon the cap "Grade A, Pasteurized" and also state the day of the week upon which it was treated. This milk shall be pasteurized, and after pasteurization shall be kept at 50 degrees Fahrenheit; shall contain not more than 25,000 bacteria per cubic centimeter, and not less than 4 per cent milk fat.

It was predicted last year that there would be a larger amount of this milk sold than was then delivered to the public. Our figures prove that this year, as the amount now consumed by the citizens of Boston is 18,875 quarts. This is against 15,688 quarts which were consumed at the time the last report was prepared. This shows an increase of 3,187 quarts daily. The amount of this milk is 4.41 per cent of the milk consumed each day. This figure is likely to be larger next year. Milk of the "Superior" type or of a high grade was supplied daily by the milkmen of this city to the amount of 11,012 quarts. This indicates a decrease of 4,425 quarts daily as compared with the quantity of 1924. It represents 2.57 per cent of the daily supply, and a substantial part of it is pasteurized. This milk received its recommendation for excellence from the men who sell it. It does not have the standing for excellence which is now given the Grade "A" milk.

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## SMALLPOX IN 1694.

Lord Macaulay, writing of the time of the reign of William and Mary, in his History of England, stated that in 1694

"That disease, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all the ministers of death. The havoc of the plague had been far more rapid; but the plague had visited our shores only once or twice within memory; and the smallpox was always present, filling our churchyards with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which its mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING FEBRUARY, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	3	6.52
Seven days or less.....	9	19.57
Eight to fourteen days, inclusive.....	2	4.35
Fifteen to twenty-one days, inclusive.....	1	2.17
Twenty-two to thirty-one days, inclusive.....	1	2.17
WITHIN FIRST MONTH. (Total).....	16	34.78
Within second month.....	6	13.04
Within third month.....	0	—
Within fourth month.....	0	—
Within fifth month.....	2	4.35
Within six month.....	2	4.35
Within seventh month.....	0	—
Within eighth month.....	2	4.35
Within ninth month.....	1	2.17
Within tenth month.....	4	8.70
Within eleventh month.....	0	—
Within twelfth month.....	1	2.17
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	34	73.91
Within second year.....	6	13.04
Within third year.....	—	—
More than three years.....	6	13.04
Grand totals.....	46	99.99

**PLAY SAFE !**

**BE VACCINATED !**

**It Will Prevent You From Catching Smallpox.**

**Smallpox is a dangerous disease.**

**If you are vaccinated, you will avoid it.**

**Go to your own doctor, or ask your employer to  
arrange for you to be vaccinated.**

Committee on Public Health and Sanitation,  
Health Department, Boston Chamber of Commerce,  
Boston.

## EXAMINATION OF MILK FOR TUBERCLE BACILLI.

Sometime ago it was thought advisable to take samples of milk from the milkmen as distributed throughout the city, and examine them for the presence of tubercle bacilli. The work was carried on week after week from that time. Substantial progress has been made, and it will be continued until all of the milkmen have been sampled. The sediment from each sample of milk is examined by direct smear, and also injected subcutaneously into two guinea pigs. After a period of weeks, they are examined to see if they have developed tubercle bacilli. So far as the work has gone up to the present time, we have used sixteen sets of pigs, all of them with negative results.

## SUMMARY OF THE WORK, FEBRUARY, 1926.

### BUREAU OF ADMINISTRATION.

	February.		February.
Prosecutions ordered . . . . .	3	Personnel:	
Prosecution withdrawn . . . . .	1	Death of employee . . . . .	1
Legal notices . . . . .	128	Resignation . . . . .	1
Lying-in Hospital approved . . . . .	1	Leave of absence . . . . .	3
Lying-In Hospital disapproved, . . . . .	1	Pension granted . . . . .	1
		Appointments, voluntary . . . . .	2
		Stable hearings . . . . .	2

### LICENSES, PERMITS, ETC., ISSUED.

	February.		February.
Burial permits . . . . .	1,064	Pedlers . . . . .	16
Day nurseries . . . . .	8	Stable permits extended pro-	
Denatured alcohol . . . . .	7	visionally . . . . .	2
Dump approved . . . . .	4	Stable permit, final . . . . .	1
Hen licenses . . . . .	28	Stable permits refused . . . . .	2
Manicure-massage . . . . .	62	Stable permits, temporary . . . . .	2
Milk . . . . .	1,017	To keep goats . . . . .	1
Offensive trades . . . . .	2	Undertaker . . . . .	1

### MEDICAL DIVISION.

	February.		February.
Visits:		Nurses, Schick activities *	152
By medical inspectors . . . . .	3,085	Medical inspectors' activities:	
By veterinarian . . . . .	144	Schick readings . . . . .	39
By investigators . . . . .	289	Toxin-antitoxin injections . . . . .	113
By nurses . . . . .	3,490	Vaccinations . . . . .	86
Cases brought to Boston for		Deaths investigated . . . . .	19
treatment . . . . .	96	Vaccination certificates . . . . .	45

### NURSING SERVICE.\*

#### MEDICAL AND CHILD HYGIENE DIVISIONS.

Homes visited . . . . .	12,024
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\* Visits also included in report of "Nursing Service."



Total number of new cases visited . . . . .	3,127
Total number of old cases visited . . . . .	8,956
	<hr/>
Total number of new and old cases visited . . . . .	12,083
	<hr/>
Wrong address . . . . .	236
Not seen * . . . . .	1,211
Baby and pre-school visits . . . . .	7,146
Communicable disease visits . . . . .	3,490
	<hr/>
	12,083
	<hr/>
Infant death investigations (inclusive in homes visited) . . . . .	66
Maternal death investigations (inclusive in homes visited) . . . . .	2
Patients accompanied to hospital . . . . .	21
Other special visits * . . . . .	2,113
Nurses' visits to day nurseries . . . . .	135
	<hr/>
Total number of all visits . . . . .	14,420
	<hr/>
Parochial school children weighed and measured . . . . .	2,753
	<hr/>

## HEALTH UNITS.

	February.
MISCELLANEOUS UNIT ACTIVITIES:	
Complaint of insanitary conditions . . . . .	5
Number of persons given health and other information . . . . .	475
City visitors . . . . .	8
Out of city visitors . . . . .	4
DENTAL SERVICE:	
Number of operations . . . . .	1,603
Number of dismissals . . . . .	311
Number of children treated . . . . .	675
Prophylaxis . . . . .	82
EYE SERVICE:	
New cases . . . . .	18
Number of refractions . . . . .	63
Number of revisits . . . . .	45
MEDICAL DIVISION OF HEALTH DEPARTMENT: †	
Work performed by medical inspector:	
Visits made by medical inspector in the district . . . . .	240
Vaccinations performed by medical inspector . . . . .	29
Number of vaccination certificates issued . . . . .	15
Antitoxin, antityphoid and toxin, antitoxin administered . . . . .	10
Number of children examined for day nurseries . . . . .	10
Nurses' visits: ‡	
Communicable disease visits by nurses in district . . . . .	306

\* Included in report of "Child Hygiene" and "Medical Divisions."

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Medical Division" report.

February.

**CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT: \***

Number of child health conferences . . . . .	13
Total attendance at child health conferences . . . . .	358
New babies at conferences . . . . .	190
Number of pre-school conferences . . . . .	78
Home visits to babies and pre-school children . . . . .	2,551
Infants death investigation visits . . . . .	4
Special visits . . . . .	527
Number of posture classes . . . . .	2
Attendance at posture classes . . . . .	100
Number of posture classes . . . . .	8
Attendance at posture classes . . . . .	100

**BOSTON SANATORIUM:**

Calls made by nurses in the district . . . . .	959
--	-----

**BOSTON LYING-IN HOSPITAL:****Pre-natal Clinic:**

Number of clinics . . . . .	4
Attendance . . . . .	82

**COMMUNITY HEALTH ASSOCIATION:****General Division:**

Home visits by nurses . . . . .	2,610
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**BOSTON DISPENSARY:**

Calls by district physician . . . . .	72
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**JEWISH WELFARE CENTER:**

Number of nutrition clinics . . . . .	2
Attendance of clinics . . . . .	8
Number of children examined at clinics . . . . .	8

**STATE DEPARTMENT OF MENTAL DISEASES:**

Number of clinics . . . . .	7
Attendance at clinics . . . . .	36
Visits of workers . . . . .	91
New cases . . . . .	3
American Red Cross, number of classes . . . . .	14
Attendance at classes . . . . .	75

**MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,  
FEBRUARY, 1926.**

**SYPHILIS.**

February.

Under investigation February 1 . . . . .	18
New cases during February . . . . .	11
Total . . . . .	<u>29</u>

**DISPOSITION OF CASES.**

Placed under treatment . . . . .	10
Unable to locate . . . . .	4

\* Included in "Child Hygiene Division Report" and "Nursing Service."

	February.
False address given . . . . .	5
Further treatment unnecessary . . . . .	2
Under investigation February 28 . . . . .	8
	<hr/>
Total . . . . .	<u>29</u>
New cases reported by number . . . . .	179

#### GONORRHEA.

Under investigation February 1 . . . . .	72
New cases during February . . . . .	76
	<hr/>
Total . . . . .	<u>148</u>

#### DISPOSITION OF CASES.

Placed under treatment . . . . .	30
Unable to locate . . . . .	21
False address given . . . . .	13
Further treatment unnecessary . . . . .	2
Under investigation February 28 . . . . .	82
	<hr/>
Total . . . . .	<u>148</u>
New cases reported by number . . . . .	191

#### SUMMARY.

Cases under investigation . . . . .	90
New cases during February . . . . .	87
	<hr/>
Total . . . . .	<u>177</u>

#### DISPOSITION OF CASES.

Placed under treatment . . . . .	40
Unable to locate . . . . .	25
False address given . . . . .	18
Further treatment unnecessary . . . . .	4
Under investigation February 28 . . . . .	90
	<hr/>
Total . . . . .	<u>177</u>
Visits by investigator and nurse . . . . .	321

#### VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation February 1, 1926 . . . . .	10
New cases . . . . .	2
	<hr/>
Total . . . . .	<u>12</u>

#### DISPOSITION OF CASES.

Under treatment . . . . .	3
Under investigation February 28 . . . . .	9
	<hr/>
Total . . . . .	<u>12</u>

# CHILD HYGIENE DIVISION.

STATION.	Total Attendance.	Number of Babies.	Number of Preschool Children.	Total New Children.	New Babies (2 Years and Under).	New Preschool Children.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
19 North Beacon street.....	81	78	3	21	18	3	3	27
31 Lincoln street.....	16	13	3	9	6	3	3	5
CHARLESTOWN.								
Charlestown Municipal Building....	163	153	10	21	16	5	6	27
DORCHESTER.								
Codman Square Library Building....	168	159	9	54	47	7	3	56
Columbia Road Municipal Building..	222	207	15	21	20	1	6	37
7 Gordon place.....	157	156	1	24	23	1	4	39
EAST BOSTON.								
16 Chelsea street.....	80	68	12	15	14	1	3	27
406 Meridian street.....	79	76	3	19	17	2	3	26
177 Webster street.....	111	85	26	18	12	6	4	28
HYDE PARK.								
Hyde Park Municipal Building.....	61	55	6	14	13	1	3	20
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	91	86	5	22	18	4	3	30
NORTH END.								
41 North Margin street.....	155	120	35	38	24	14	7	22
ROSLINDALE.								
Roslindale Municipal Building.....	86	74	12	15	11	4	3	29
ROXBURY.								
Beth Israel Hospital.....	42	36	6	10	7	3	3	14
Children's Hospital.....	112	112	0	15	15	0	4	28
1049 Columbus avenue.....	169	148	21	32	26	6	7	24
Vine Street Municipal Building.....	100	88	12	14	13	1	3	33
SOUTH BOSTON.								
Carney Hospital.....	98	90	8	11	11	0	7	14
SOUTH END.								
70 Emerald street.....	104	87	17	24	14	10	3	35
46 Lovering street.....	70	55	15	20	9	11	3	23
640 Harrison avenue.....	99	73	26	23	7	16	3	33
Shawmut Avenue Municipal Building,	114	110	4	19	18	1	4	29
Tyler Street Municipal Building.....	75	60	15	12	6	6	4	19
WEST END.								
17 Blossom street.....	203	166	37	28	25	3	6	34
Totals.....	2,656	2,355	301	499	390	109	98	27



STATION.	Total Attendance. Poster Classes.	Number of Poster Classes.	Average Attendance.	Total Attendance at Posture Clinics.	Number of Posture Clinics.	Average Attendance.
NORTH END.						
41 North Margin street.....	50	4	13	330	12	28
WEST END.						
17 Blossom street.....	49	2	25	100	8	13
Totals.....	99	6	17	430	20	22

## FOOD INSPECTION DIVISION.

### MARKET, STORE AND RESTAURANT SERVICE.

	February.
New reports . . . . .	3 817
Stores inspected . . . . .	4,049
Sanitary defects remedied . . . . .	82
Complaints at office . . . . .	30
Referred to Sanitary Division . . . . .	15
Milk applicants . . . . .	64
Notices to abate nuisances . . . . .	48
Court cases . . . . .	3
Convictions . . . . .	2
Fines . . . . .	\$220
Continued . . . . .	1
Applications for pedlers' licenses approved . . . . .	16
Vehicles inspected and approved . . . . .	294
Laboratory Examinations:	
Bacteriological . . . . .	4
Chemical . . . . .	3

### CONDEMNATIONS.

Meat:	Rice . . . . .	50 pounds
Chicken . . . . . 5 pounds	Split peas . . . . .	25 pounds
Lamb . . . . . 3 pounds	Miscellaneous:	
Pork . . . . . 20 pounds	Breakfast food . . . . .	17 packages
Fish:	Butter . . . . .	1 pound
Miscellaneous . . . . . 90 pounds	Candy . . . . .	1,423 pounds
Salt fish . . . . . 3 boxes	Cheese . . . . .	5 pounds
Fruit:	Crackers . . . . .	4 pounds
Apples . . . . . 1 can	Cream of Wheat . . . . .	7 packages
Dates . . . . . 50 pounds	Marshmallows . . . . .	13 boxes
Vegetables:	Mayonnaise . . . . .	30 bottles
Beans . . . . . 50 pounds	Noodles . . . . .	18 packages
Cabbage . . . . . 348 crates	Nuts . . . . .	30 pounds
Celery . . . . . 1 bunch	Pancake flour . . . . .	23 packages
Lettuce . . . . . 2 crates	Tea . . . . .	6½ pounds
Onions . . . . . 24 bags	Walnuts . . . . .	20 pounds
Pumpkins . . . . . 4 cans		

## LIVE STOCK INSPECTION (Brighton Abattoir).

	February.		February.
Cattle inspected . . . . .	73	Parts condemned (lbs.) . . . . .	262
Calves inspected . . . . .	1,672	Animals condemned . . . . .	10
Swine inspected . . . . .	3,848		

## DAIRY DIVISION.

	February.		February.
Total inspection . . . . .	1,116	Total cattle inspected . . . . .	2,028
Dairies inspected . . . . .	141	Inspections of milk plants and	
Scoring above 50 * . . . . .	117	licensed dealers . . . . .	360
Scoring below . . . . .	24	Bacteriological examinations . . . . .	200
With milk rooms . . . . .	117	Country creamery inspections . . . . .	15
Without milk rooms . . . . .	24	Sediment tests . . . . .	394
Inactive . . . . .	5		

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	February.
Milk from wagons . . . . .	175
Milk from stores . . . . .	1,043
Milk brought by citizens . . . . .	1
Vinegar . . . . .	66
Butter and cheese . . . . .	4
Ice cream . . . . .	14
Tonics . . . . .	3
Medicine . . . . .	1
Liquor . . . . .	5
Celery . . . . .	1
BACTERIOLOGICAL:	
Milk . . . . .	647
Ice cream . . . . .	83
Court cases . . . . .	11
Fines . . . . .	\$170

## SANITARY INSPECTION.

	February.		February.
Original inspections . . . . .	1,227	Legal notices served . . . . .	117
New reports . . . . .	1,764	Complaints investigated . . . . .	400
Reinspections . . . . .	5,250	Court cases authorized . . . . .	2

## BACTERIOLOGICAL LABORATORY.

	February.
Diphtheria . . . . .	703
Tuberculosis . . . . .	203
Typhoid . . . . .	28
Gonorrhea . . . . .	621
Gonorrheal ophthalmia . . . . .	103
Syphilis . . . . .	1,033
Other examinations * . . . . .	32
Bacteriological examinations of milk . . . . .	647
Bacteriological examinations of ice cream . . . . .	83

\* Malaria, 5; feces for typhoid, 3; urine for typhoid, 3; tests for virulence, 4; genito-urinary tuberculosis, 8; rabies, 1; smear for staphylococci, 1; paratyphoids, 2; eye smear for organisms, 1; beef for toxins, 1; liver for abscess, 1; bacon for poison, 1; chicken liver for T. B., 1.

# VITAL STATISTICS, FEBRUARY, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING FEBRUARY, 1926, WITH COMPARATIVE FIGURES FOR FEBRUARY, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	938	1,109	—171	14.30	17.00	—2.70
Nonresidents deducted.....	773	951	—178	11.78	14.57	—2.79
By Age:						
Under one year.....	116	146	—30	1.77	2.24	— .47
One year to four years, inclusive.....	54	72	—18	.82	1.10	— .28
Sixty years and over.....	393	420	—27	5.99	6.43	— .44
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, So CALLED:						
Apoplexy.....	48	64	—16	.73	.98	— .25
Arteriosclerosis.....	31	46	—15	.47	.70	— .23
Heart disease.....	200	176	+24	3.05	2.70	+ .35
Nephritis, chronic.....	54	49	+5	.82	.75	+ .07
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,378	1,464	—86	21.01	22.43	—1.42
b. Registered stillbirths.....	51	44	+7	.78	.67	+ .11
Stillbirths per 1,000 births and stillbirths.....				35.69	29.18	+6.61
c. Deaths of mothers from causes incident to childbirth.....	7	14	—7	.11	.21	— .10
Deaths of mothers per 1,000 births and stillbirths.....				4.90	9.28	—4.38
Deaths of children in first year of life....	116	146	—30	1.77	2.24	— .47
Deaths in first year per 1,000 live births,.....				84.18	99.73	—15.55
VIOLENCE:						
Accidents.....	31	39	—8	.47	.60	— .13
Homicides.....	1	4	—3	.015	.06	— .045
Suicides.....	8	7	+1	.12	.11	+ .01
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	11	14	—3	.17	.21	— .04
Broncho-pneumonia.....	62	101	—39	.94	1.55	— .61
Cancer.....	92	84	+8	1.40	1.28	+ .12
Cirrhosis of the liver.....	4	6	—2	.06	.09	— .02
Diabetes mellitus.....	14	17	—3	.21	.26	— .08
Diarrheal diseases, children under two years of age.....	8	4	+4	.12	.06	+ .06

# BIRTHS, REPORTABLE ILLNESS AND DEATHS IN BOSTON, FEBRUARY, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....	Cases.. —	1	—1	—	.015	— .015
	Deaths.. —	1	—1	—	.015	— .015
Cerebrospinal meningitis.....	Cases.. 2	3	—1	.03	.04	— .01
	Deaths.. 2	2	—	.03	.03	—
Diphtheria.....	Cases.. 68	172	—104	1.04	2.63	—1.59
	Deaths.. 6	12	—6	.09	.18	— .09
Influenza.....	Cases.. 10	155	—145	.15	2.37	—2.22
	Deaths.. 7	21	—14	.11	.32	— .21
Measles.....	Cases.. 656	651	+5	10.00	9.97	+ .03
	Deaths.. 8	13	—5	.12	.20	— .08
Pneumonia (lobar).....	Cases.. 154	309	—155	2.35	4.73	—2.38
	Deaths.. 61	101	—40	.93	1.55	— .62
Scarlet fever.....	Cases.. 359	412	—53	5.47	6.31	— .84
	Deaths.. 2	11	—9	.03	.17	— .14
Tuberculosis (pulmonary).....	Cases.. 156	152	+4	2.38	2.33	+ .05
	Deaths.. 49	58	—9	.75	.89	— .14
Tuberculosis (other forms).....	Cases.. 20	33	—13	.30	.50	— .20
	Deaths.. 4	9	—5	.09	.14	— .05
Typhoid fever.....	Cases.. 4	12	—8	.09	.18	— .09
	Deaths.. —	3	—3	—	.04	— .04
Whooping cough.....	Cases.. 629	171	+458	9.59	2.62	—6.97
	Deaths.. 14	3	+11	.21	.04	+ .17

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



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# MONTHLY BULLETIN HEALTH DEPARTMENT



## CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, APRIL, 1926.

NO. 4

### RABIES.

Of the various afflictions common to man and animals, doubtless none has received such wide attention and is attended with so many superstitions and erroneous beliefs as to its cause, course and prevention, as the disease known as rabies.

In America, the first recorded appearance of rabies was in the Eastern United States about the middle of the eighteenth century, and the first case that was recognized in America occurred in Boston in 1768. Since that time it has spread to all parts of the country and scarcely any state has escaped outbreaks.

There is an almost universal belief that a person bitten by a normal dog, or other animal, will become rabid if at some future time rabies should develop in the normal animal. While it is known that the saliva of infected dogs is virulent six to eight days before definite symptoms of rabies appear, yet if an animal remains healthy for twelve to fourteen days after the person has been bitten, there is no danger from rabies even if the animal should later develop this disease. There is also a general belief that rabies may arise spontaneously and also that rabies may result from fright, excitement or imagination. While there are occasionally cases presenting symptoms resembling rabies produced by other causes than the introduc-

tion of the virus of rabies into the system, such cases are far from common and are seldom fatal. However, admitting that imagination may produce symptoms resembling rabies in the human species, there is certainly no ground for belief that the same is true of animals unless we attribute to them mental qualities they do not possess.

All warm-blooded animals are subject to rabies, no domesticated animal is immune. The disease of rabies is most frequently found in dogs, whose means of defense and attack are the teeth and they are the principal means of spreading the disease, as the freedom usually permitted dogs offers exceptional opportunity for distributing the disease. Among animals in the wild state repeated epidemics of rabies have been reported, but in civilized communities the danger from such animals is too remote to merit serious consideration.

The period of incubation is the time elapsing from the time of infection and the actual appearance of the rabid symptoms and is of a decided variation. This variation depends on many influences, including the resistance of the patient, the variety of animal bitten, the extent of the injury, as deep, penetrating or lacerated wounds admit more of the virus and are more difficult to clean than superficial scratches. A severe hemorrhage from the wound may favor a delay in the appearance of symptoms as well as the distance of the wound from the central nervous system.

Ravel gives the *average* period of incubation as follows: Man, 40 days; dogs, 21-40 days; horses, 28-56 days; cats, 14-28 days; pigs, 14-21 days; goats and sheep, 21-28 days; in birds, 14-40 days. The United States Department of Agriculture states the shortest period of incubation is six days in the rabbit and is obtained by inoculation by what is known as the fixed virus obtained by repeated passage of the ordinary virus through fifty rabbits.

It still remains a belief that rabies is more prevalent during the so-called dog days, and indeed many adhere to the belief that this is the only time rabies exist. The dog days are the period of time when the dog star, Sirius, is above the horizon with the sun, extending from the first of July to the middle of August, and have absolutely no connection with the dog. During the summer months the dog assumes more liberty and indeed this liberty is extended to all domestic animals and also assumed by mankind, consequently much more favorable circumstances prevail for the spread of rabies than during the more inclement months. Any epidemic, the transmission of which depends upon an animal, is more likely when the animal is permitted more liberty and thus given greater opportunity of carrying the infection to others. It may be stated as an assured fact that rabies can and does exist at all seasons of the year.

*Symptoms in Dogs.*— Rabies exists in two types, the furious or irritable form and the dumb or paralytic.

*Symptoms of the Furious Form.*— Following the variable period of incubation, there is first to be noticed a change in the disposition of the dog. Lively animals may become morose and sullen, or reserved dogs may become more affectionate. Above all, the dog becomes restless, is disposed to quarrel with others of his kind and is irritable and easily startled, on which occasions he is disposed to snap at one if approached. The wound, where the inoculation takes place, troubles the dog and he often bites, tears and lacerates it. In the early stages, also, the animal seeks quiet and dark and cool spots and resents being disturbed. The bark becomes a long drawn out combination of a whine and a howl and is often frequently repeated. If free, the animal may pick up such material as sticks, stones and straw. The dog may stand looking into space, as at some imaginary object.

There is a marked difficulty in swallowing and usually a free flow of saliva from the mouth. Breathing becomes difficult and the first symptoms of paralysis make their appearance in the throat. This paralysis of the throat has often led, and unfortunately still leads, observers to believe that there is some obstruction in the throat and many have become infected by trying to remove it.

The irritability of the dog becomes more marked in intensity and the animal will savagely attack any object thrust at him. There is a strong desire to roam. A dog may travel many miles, returning, if possible, and on his return in a much weakened condition, and usually showing the marks of many battles, he immediately seeks a quiet spot to rest.

In the course of his wanderings, if not molested or excited, he may not attack persons or animals. If excited, and his nervous tension is such that he is easily excited, he will even make a divergence from his chosen path to attack his victims. The instinct of some people and of most animals to avoid a dog may excite him to a fury and he attacks savagely with the result that many of his victims are inoculated with the virus of rabies.

Contrary to another almost universal belief, the fear of water is not present, indeed the dog is markedly thirsty and does attempt to drink frequently, but the paralysis of the pharynx and throat make drinking impossible. As the paralytic symptoms become more pronounced, the lower jaw drops. Gradually the paralysis spreads, with death taking place in three to eight days after the appearance of the first rabid symptoms.

*Dumb or Paralytic Symptoms of Rabies.*— This form of rabies usually follows the violent form. It may be possible, however, for



this form to appear without any symptoms of the violent form. In this form the dog becomes drowsy, stupid and depressed, the lower jaw drops, and the animal being unable to keep his mouth closed there is a free flow of saliva. The tongue protrudes, becomes covered with dirt and is congested. The hind legs, trunk and forelegs become paralyzed and death usually takes place about the third day.

*Summary of Symptoms.*—The most important symptoms any one of which should attract attention, are: Change in disposition; the high pitched husky howl or bark; inability to swallow; desire to roam and a return in an exhausted condition; paralysis of lower jaw; the desire to swallow foreign bodies.

*Treatment of Animals.*—Medical treatment is of no avail. Rabid dogs should be properly restrained; they should be seen and condemned by a competent veterinarian; always, even if only suspicious, tie the dog securely at once in a safe place to prevent his roaming free.

*Preparing the Head for Bacteriological Examination.*—Remove the head with skin intact by cutting through the middle of the cervical vertebræ; drain, keep cool and bring the head immediately to the Health Department Bacteriological Laboratory.

In this connection it may be well to remember that if the animal is killed in the early stage of the disease, the changes in the brain are frequently not so well developed to be recognizable.

*Eradication.*—Muzzling all dogs will eradicate rabies from civilized communities. This has proved of unquestionable value in Europe, notably in Germany, in Holland, in Great Britain, and in Sweden. However, the public does not take kindly to muzzling, tying or confining dogs. Moreover, many dog owners are strong in their belief that their dog is too superior ever to become infected with rabies.

Immunization of animals offers another solution of the problem of the eradication of rabies. Some communities have ordinances providing that all dogs be immunized. Surely, if one loved one's dog and is careful to provide him with good care, good food and comfortable shelter, it is reasonable to suppose one would naturally desire to protect the dog from such a hopeless, nerve-racking and dangerous disease as rabies. The discomfort to the dog in being immunized against rabies is slight, the danger slight and the results positive. Do not wait until the dog has been bitten, it may be too late. Have your dog immunized by a competent veterinarian without delay. Owing to present facilities for transportation and the ease with which animals, particularly dogs, may be readily shipped long distances, immunization should, to be of real value, be universal over the entire country and in adjoining countries.



# **SURVEY OF THE QUALITY OF BOSTON MARKET MILK.**

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during March. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.32	3.71	17
Allen, Fred H.....	12.72	3.97	43
Antetomasso Peter.....	12.29	3.78	11
Barron, Clarence W.....	14.30	5.10	8
Bergmann, John H.....	12.85	3.97	23
Bolio, William J.....	13.13	4.28	113
Brandley, T. J. & P. J.....	12.85	4.08	17
Casey, James D.....	12.69	4.07	15
Cashin, James F.....	12.48	3.87	14
Cedar Hill Farms.....	13.19	4.43	43
Chapin, George H.....	12.15	3.65	26
Childs Brothers.....	12.37	3.73	36
Clapp, Frank L.....	14.64	5.45	60
Clark, Levi.....	12.46	4.00	36
Converse, Marquis M.....	13.74	4.60	4
Corkery, John H.....	12.18	3.67	412
Crowell, Raymond.....	12.62	3.85	28
Cummings, F. S., Comapny.....	12.15	3.63	10
Cunningham, Paul.....	13.30	4.40	107
Cusick, William F.....	12.89	3.95	56
Deerfoot Farm Milk Company.....	12.75	4.00	29
Denehy, Timothy.....	12.97	4.13	21
Driscoll, William B., Company.....	12.61	3.82	15
Duggan Brothers.....	12.81	3.83	53
Edgerly, Frank S.....	12.73	3.88	15
Elm Spring Farm Milk Company.....	12.43	3.71	160
English, J., & Son.....	12.91	4.02	13
Ferguson, Malcolm D.....	12.66	3.75	20
Furbush, Almon J.....	12.79	3.88	20
Garfield, Mason.....	14.86	5.03	7
Garvin, Charles E.....	14.66	5.70	14
Giroux, J. E., & H. J.....	12.44	3.70	32
Griffin, Joseph L.....	12.87	3.90	15
Greenblatt, Benjamin R.....	12.75	4.10	18

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Gushee, Chester W.....	12.87	3.93	68
Hagar, J. M., & Son, Inc.....	12.47	3.78	12
Herlihy Brothers.....	12.58	3.83	93
Hickey, Martin J.....	12.39	3.80	13
Holden, John E.....	12.67	3.98	22
Holland & Cosgrove.....	12.53	3.75	16
Hood, H. P., & Sons.....	12.52	3.81	25
Howe, F. Esther.....	13.76	4.70	8
Hutchinson, Frank T.....	12.60	3.93	18
Jones, William T., Company.....	12.81	4.01	15
Kendall Brothers Company.....	12.43	3.72	150
Kingston, Samuel.....	12.90	4.15	10
Klawe & Freeman.....	12.73	3.91	27
Knapp, George J.....	12.81	3.87	320
Lang Brothers.....	12.34	3.60	45
Larsson, Charles.....	12.40	3.67	15
Lincoln Farms, Inc.....	12.05	3.53	86
Lyndonville Creamery Association.....	12.85	4.08	180
Manning, Peter.....	12.53	3.80	27
Maple Farm Milk Company.....	12.46	3.68	140
McAdams, John F.....	12.82	4.09	246
McKernan, John.....	12.34	3.78	21
Millwood Farms, Inc.....	12.24	3.27	16
Munchbach, George.....	12.47	3.75	26
Newton & Pope.....	12.87	4.28	56
Noble, William F., & Sons.....	12.79	4.02	20
Podren, Philip.....	12.87	4.00	60
Robinson, Albert J.....	12.43	3.85	76
Robinson, J. A.....	12.35	3.81	11
Runkle, J. C.....	13.48	4.46	12
Schuster, Adam.....	12.76	3.86	17
Seven Oaks Dairy Company.....	12.40	3.80	59
Shick, Jacob.....	12.56	3.80	25
Shopnick, Louis.....	12.71	3.93	29
Somerset Farms.....	13.78	4.90	10
Sterling Farms Milk Company.....	12.51	3.70	16
Stone, Howard L.....	12.35	3.83	35
Stuart, Wallis E.....	12.51	3.85	12
Sullivan, J. L.....	12.55	3.96	17

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Swett, Warren.....	12.67	3.92	26
Turner Centre System, Inc.....	12.64	3.93	95
United Farmers' Co-operative Creamery Company.....	12.75	3.92	13
Vartanian, Kazar.....	12.68	4.05	24
Walker-Gordon Laboratory Company.....	12.98	3.98	10
Ware, George H.....	12.65	3.75	17
Weiler, E., & Sons.....	12.65	3.82	130
Werner Farm Milk Company.....	12.50	3.75	225
Westwood Farm Milk Company.....	12.40	3.63	13
White Brothers.....	12.64	3.90	14
Whiting Milk Companies.....	12.23	3.72	35
Whittemore, Warner D.....	12.73	3.83	14
Wiswall, Granville A.....	12.58	3.97	23
Wittenberg & Co.....	12.60	3.95	26
Woodland, Charles L.....	12.27	3.83	13

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.....	H. P. Hood & Sons, Inc.....	12.30	3.80	79
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.....	12.82	4.18	61
The Cloverdale Company.....	Turner Centre System, Inc.,	12.71	4.07	79
Economy Grocery Stores Company.....	Whiting Milk Companies...	12.16	3.68	86
The Ginter Company.....	United Farmers' Co-operative Creamery Company.....	12.91	4.05	15
Morgan Brothers Company....	Morgan Brothers Company.	12.83	4.17	40
O'Keeffe's, Inc.....	J. M. Hagar & Sons.....	12.29	3.75	18
M. Winer & Co.....	Hyman Winer.....	12.60	3.71	27

### SMALLPOX.

Again this year the State Legislature has been asked to strengthen the present legal requirements with respect to vaccination against smallpox.

Nothing more was proposed than experience here and elsewhere has shown to be necessary.

In order to reduce somewhat the proportions of the population in this state now susceptible to smallpox, the Legislature was asked to require vaccination as a prerequisite for admission to *private*

schools as well as to public schools. Practically this was asking for nothing more than what was needed to give effect to the intent of existing law.

The plea for such a legal requirement was supported by the state and local health officials, by the Boston Chamber of Commerce and other business organizations, by the life insurance companies, by those authorized to speak in behalf of the parochial schools and other private educational institutions within the state, by the medical societies, by the United States Public Health Service, by the Association for Medical Progress, and by other agencies interested in the promotion of public health.

Again this effort to safeguard the public health was opposed by the relatively small group of well organized, well financed cults and interests which are always to be found in opposition to any and every move intended to promote the public health or to interfere with the fraudulent exploitation of people in matters relating to their health.

Again the decision of the Legislature has been favorable to the contentions of this group. The proposed legislation was passed by a narrow margin in the House but was defeated in the Senate.

Moreover, in the light of this season's experience at the State House the conclusion seems justifiable that health officials cannot expect further help from the Legislature of this state in combating smallpox or any other contagious disease until public sentiment is thoroughly aroused not merely by the mortality and physical suffering incident to this most loathsome of diseases but by the injury to retail business which is the inevitable consequence of an outbreak of smallpox anywhere.

Until this happens the people of Boston should understand that the Legislature practically puts it up to each person to look out for himself so far as smallpox is concerned.

Just what this means will be better appreciated if the present situation in Boston with respect to the prospects of a smallpox epidemic be considered.

There is in Boston today probably a larger proportion of the population unprotected against smallpox than at any time since the epidemic of 1872. Because of good luck and no other reason Boston has not suffered from a smallpox epidemic since 1901, when there were 504 cases and 74 deaths and 1902 when there were 1,024 cases and 190 deaths. People who were vaccinated then or previously have seen no reason since then to assure their protection against smallpox by having themselves revaccinated and consequently have not done so. Persons who have once been successfully vaccinated seldom die of smallpox but the full protective value of vaccination



tends to diminish as time goes on and people who have neglected revaccination may contract the disease on exposure and often in such a mild form that they do more damage in spreading the disease than those who are more seriously ill. The older adult population of Boston must include a great many people whose protective vaccination has thus "run out."

Besides neglect of vaccination because of lack of evident need therefor, vaccination has been discouraged in Boston by active antivaccination propaganda during the last twenty years. The results of such propaganda are to be found not only among adults but among the public school children.

While the law contemplates vaccination as a pre-requisite to admission to school an exception is made in case the child can furnish a physician's certificate to the effect that in the physician's opinion the child's health "will be endangered by vaccination."

There are in Boston a few "physicians" who utilize their anti-vaccinationistic tenets to justify, on payment of a regular fee therefor, the issuance of such a certificate to any child and as a consequence a recent survey of the public schools disclosed an astonishingly large number of pupils who had never been successfully vaccinated.

In addition to the unprotected population of home production above referred to, Boston's population is made up to a notable extent of people from the Maritime Provinces who have never been vaccinated.

There are some diseases like typhoid fever, for example, which owe their lessened prevalence in our cities and towns to modern sanitation. There are other diseases, like tuberculosis or diphtheria, for example, whose decreasing mortality is attributable to a tendency of an unconscious immunizing process to develop in crowded populations where such diseases are constantly present.

But neither sanitation nor natural immunity have any more to do with preventing smallpox than they have done to prevent measles. Anybody actually exposed to smallpox infection will develop smallpox unless he has already had smallpox or has been vaccinated.

From time to time during the last twenty years cases of smallpox have been discovered in Boston. By good luck it has happened that they have always been promptly discovered and it has been possible to locate other persons who have been exposed to infection. On such occasions, besides the extensive vaccination of possible contacts, the Health Department has kept hundreds of people under surveillance and has taken their temperature daily during the period when they might be expected to develop the disease.

Serious smallpox epidemics often secure their start because mild

cases of smallpox are mistaken by the patients and their physicians for cases of chicken pox. In effort to avoid this possibility every supposed case of chicken pox in Boston is seen by a representative of the Health Department. It is to be clearly understood, however, that the same precautions which the Boston Health Department is accustomed to take and the degree of vigilance which it constantly exercises are nothing unusual and have not prevented serious smallpox epidemics in other American cities in very recent years. Nothing which a municipal health department can do can be relied on indefinitely to prevent an old-time smallpox epidemic from developing in a city in which a considerable proportion of the population are unprotected against the disease.

This is the situation which exists in Boston today. It is the same sort of a situation which existed in the Philippines prior to the severe smallpox epidemic which prevailed there a few years ago and which is being used by anti-vaccinationists as an argument that vaccination does not prevent smallpox. As it was in the Philippines, there are here laws applicable to Boston which contemplate vaccination, but nevertheless people are to a great extent unvaccinated or were vaccinated so long ago that protection has been lost. As happened in the Philippines, Boston will wake up some day with a serious smallpox epidemic on its hands. The probability of such an epidemic is constantly increasing by the increasing prevalence of smallpox in the United States and by its assumption of a more virulent type. A severe type of smallpox is undoubtedly more contagious than a milder type.

In view of the probable appearance of smallpox in Boston at any time, the following matters are of practical interest to every resident of the city.

The spread of smallpox is especially favored by the fact that a person stricken with the disease usually feels sick enough at first to stay at home but after a day or two feels so much better that he is likely to go out and attend to neglected business or make social calls. After this period of remission for a day or two the really serious stage of the disease begins. During this remission when the patient, entirely unconscious of the fact that he has smallpox, is at his office, traveling in crowded street cars, waiting on customers in a shop, eating in restaurants and being served in a barber shop, he is in a highly contagious stage of what often proves to be a fatal case of the disease. When smallpox is present in a city it is foolish to think of avoiding contact with persons who have smallpox in a contagious stage.

In old times an effort was made to check the spread of smallpox by the removal of patients to a "pest house." Even if this

procedure were of any practical value it would be impracticable of application to the large number of cases of smallpox which would have to be provided for in the event of an epidemic in Boston. All possible hospital accommodations for cases of smallpox would soon be exhausted in providing for patients who would be found to be homeless. Others would have to be left to be cared for in their homes, whether in an apartment house, three-family house or any other type of a dwelling, and following accepted procedure today the neighbors would be expected to rely on vaccination for their protection.

Experience has shown that in such instances vaccination may be made to provide effective protection. The recent discovery of the immunity reaction now furnishes the means of knowing whether personal protection actually exists. It is no longer necessary to go through the vaccination procedure time after time in effort to secure a take. By examining the site of the scarification within forty-eight hours it can now be told whether or not immunity to smallpox already exists.

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## THE HOSPITALIZATION OF PNEUMONIA.

Pneumonia mortality in hospitals is notorious. The most unfavorable subjects and the most desperate cases contribute largely toward hospital mortality but this is not the whole story as appears from the Chicago Pneumonia Commission's preliminary report.

The commission virtually finds confirmation for what many physicians have long been led to believe from personal experience, that in spite of any precautions that we know how to take the transfer of a pneumonia case from home to a hospital is in itself attended with danger to a pneumonia patient. Furthermore, hospital conditions in themselves may add further dangers to the pneumonia patient which are not offset by the advantages in the way of superior nursing care and medical treatment that a hospital may be prepared to give. On the other hand it would appear that the families of pneumonia patients and the community generally would be benefited by the hospitalization of pneumonia cases because every active pneumonia case virtually operates as a focus for the spread of a contagious disease in the community.

In view of the foregoing and other considerations the commission appears to advise the hospitalization of pneumonia patients in the interest of the public and of the patients themselves, as well, provided the following conditions may be secured in hospitals in which are received cases not only of pneumonia but any other acute respiratory infections.



(1.) The visiting of persons suffering from pneumonia who are under treatment in hospitals or other similar institutions should be prohibited except in cases of actual emergency.

(2.) Cases of pneumonia should not be treated in a general ward of a hospital, except that, when no other adequate care of such cases is feasible they may be treated in cubicles in wards, with properly instructed attendant and special disinfecting facilities, including proper solutions, kept close at hand; and bedpan, dishes, thermometers, towels, and hands are properly washed and disinfected and the nose, throat, and mouth discharges of the patient are destroyed.

(3.) Where there are several cases of pneumonia in the same hospital ward, cases due to different types of pneumococcus or streptococcus should not be placed in adjoining beds.

(4.) Cases of pneumonia under treatment in hospitals should not occupy beds within ten feet of or otherwise be in close contact with persons awaiting operation or recently operated upon; with persons hospitalized for heart disease; with persons having Bright's disease; rickets; various forms of contagious diseases which might be complicated by pneumonia; severe burns or injuries, or other conditions which lower individual resistance to pneumonia.

(5.) The disinfection of nose, throat and bronchial secretions and of objects soiled by such secretions should continue after the patient's temperature returns to normal and so long as such discharges are present. The skin of the mouth, nose, cheeks and hands of the patients and attendants should be frequently washed and kept scrupulously clean.

(6.) Persons convalescent after pneumonia should not be allowed to visit or be visited by other patients, nor to expose unduly those convalescent from other diseases thus avoiding spread of the disease.

(7.) The period of isolation should continue during the course of the pneumonia, and until non-infectivity has been determined by bacteriologic means.

(8.) Patients with acute coryza, sore throat, or bronchitis should not be operated upon under general anesthesia except in cases of emergency; nor should persons so affected participate in operations. After each operation and before the next operation the anesthesia face mask, etc., should be properly sterilized.

(9.) Whenever pneumonia develops to an exceptional degree in any hospital or institution, all persons in contact with the patients should be cultured for pneumococci and nearly related organisms, and when such organisms are found they should be typed.



**TIME ELAPSING BETWEEN DATE OF REPORTING CASES  
OF PULMONARY TUBERCULOSIS AND DATE OF  
DEATH, DURING MARCH, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	7	12.50
Seven days or less.....	9	16.07
Eight to fourteen days, inclusive.....	4	7.14
Fifteen to twenty-one days, inclusive.....	1	1.79
Twenty-two to thirty-one days, inclusive.....	1	1.78
WITHIN FIRST MONTH. (Total).....	22	39.28
Within second month.....	5	8.93
Within third month.....	4	7.14
Within fourth month.....	1	1.78
Within fifth month.....	1	1.79
Within sixth month.....	2	3.57
Within seventh month.....	0	—
Within eighth month.....	0	—
Within ninth month.....	1	1.78
Within tenth month.....	0	—
Within eleventh month.....	1	1.79
Within twelfth month.....	0	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	37	66.06
Within second year.....	7	12.50
Within third year.....	2	3.57
More than three years.....	10	17.86
Grand totals.....	56	99.99

**EXTRACT FROM BOSTON TOWN RECORDS, 1758-1769.**

Monday on the 12th Day of March, Anno. Dom. 1764.

The Committee Appointed to consider "Whether the Town will take any Measures to prevent Strangers coming into the Town or any of the Inhabitants to be Inoculated after a certain Time allowed for that purpose" Report—That no Person not being an Inhabitant of this Town shall have liberty to come into this Town in order to be inoculated untill the first of April, nor shall be inoculated in said Town after the 10th day of April next. And those of the Inhabitants of the Town that have removed into the Country, shall not have liberty to be inoculated in the Town after the first Day of May next, unless at that Time there shall be upwards of twenty Familys visited with that Distemper"—After debate had thereon,

That Article in the Warrant (Viz<sup>t</sup>.) “Whether the Town will accept of the Grant of Three Thousand Pounds made to them by the General Court at their Last Session, which together with what has been already advanced was Voted in full consideration for what they have over paid in the Public Taxes for Years past” was read and after many objections and difficultys mentioned, and a large debate — Voted, That considering the distressing Circumstances of the Inhabitants by means of the Small Pox, and the absolute Necessity of ready Money for the Poor and Needy, the Town do accept the Grant aforesaid and hereby direct the Town Treasurer to apply to His Excellency The Governor and the Hon<sup>ble</sup>, the Council for a Warrant on the Province Treasurer for the Three Thousand Pounds granted.

DIPHTHERIA CASES AND DEATHS FOR FOURTEEN WEEKS BEGINNING  
JANUARY 1, FROM 1921 TO 1926 INCLUSIVE.

WEEK ENDING.	DIPHTHERIA CASES.														
	January 1.	January 8.	January 15.	January 22.	January 29.	February 5.	February 12.	February 19.	February 26.	March 5.	March 12.	March 19.	March 26.	April 2.	Total.
Year, 1921.....	70	75	96	104	73	71	74	84	63	60	58	71	67	75	1,041
1922.....	48	65	68	60	84	65	67	77	76	70	48	78	47	58	911
1923.....	66	75	64	64	96	43	62	44	45	62	68	70	73	53	885
1924.....	75	57	73	79	86	75	86	70	68	40	70	78	59	64	980
1925.....	52	47	36	19	41	37	44	56	47	55	39	30	23	37	563
1926.....	22	33	29	24	19	11	18	18	18	22	14	25	29	17	299

WEEK ENDING,	DIPHTHERIA DEATHS.														
	January 1.	January 8.	January 15.	January 22.	January 29.	February 5.	February 12.	February 19.	February 26.	March 5.	March 12.	March 19.	March 26.	April 2.	Total.
Year, 1921.....	5	1	4	....	4	6	3	3	8	2	2	5	5	3	51
1922.....	3	6	5	6	4	2	2	3	4	2	1	1	1	2	42
1923.....	4	7	4	7	6	5	2	5	1	3	6	2	6	1	59
1924.....	7	4	4	6	5	5	7	6	2	6	3	9	1	7	72
1925.....	5	2	2	3	4	2	5	1	5	2	3	3	1	5	43
1926.....	5	2	1	....	....	....	1	3	2	1	2	3	2	1	23

## TEN RULES FOR HEALTHFUL LIVING.

Do you want to be healthy?

By following these rules most everyone can become and remain healthy:

1. Food—Milk, a quart a day for children; cereals; vegetables every day, including leafy ones such as lettuce, spinach, beet tops, to get the necessary vitamins; fruits every day; eggs; meat in moderation; sweets in moderation; 8 glasses of water a day.
2. Posture—Stand and sit straight; stand tall, keep head up, chin in, chest out, abdomen in, back straight, shoulders back; walk largely on balls of feet, with feet straight—not turned out.
3. Exercise—Enough every day to sweat freely. Walk 3 miles a day if you can't do anything better. Play in the open air.
4. Rest—When tired. Never eat a hearty meal when tired. Sleep at least 8 hours with bedroom windows open.
5. Mouth—Brush the teeth after meals and at bedtime. Keep the mouth clean. Salt and water is a good mouth wash.
6. Bowels—At least one good movement a day, preferably after breakfast. Many a headachy, ailing individual owes his trouble to constipation. Coarse cereals, vegetables, fruits like apples, prunes, etc., and plenty of water will usually ward off constipation. Don't use drugs.
7. Baths—A cold bath every day if it makes you feel good, otherwise a tepid bath; a warm cleansing bath once a week.
8. Clothing—Suitable to the season: it should not be too heavy.
9. Communicable Disease—Practise good health habits; avoid the careless spitter and sneezer, the common drinking cup or towel; eat and drink only clean foods. Keep your fingers away from your mouth.
10. Mental Hygiene—In many ways most important of all. Refuse to worry and hurry. Be calm. Control your emotions.

Be Cheerful. Be Friendly. Be Independent.

Follow Emerson's advice and work with your own hands, stand on your own feet, and think your own thoughts. Thus you will acquire poise, the truest sign of a real man or woman.

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

# SUMMARY OF THE WORK, MARCH, 1926.

## BUREAU OF ADMINISTRATION.

	March.		March.
Prosecutions ordered . . . . .	8	Resignations . . . . .	2
Undertakers' applications approved . . . . .	5	Permanent appointments . . . . .	4
Lying-In Hospitals disapproved, . . . . .	1	Provisional appointment . . . . .	1
Employees bonded . . . . .	3	Legal notices . . . . .	214

## LICENSES, PERMITS, ETC., ISSUED.

	March.		March.
Burial permits . . . . .	1,579	Hens . . . . .	547
Milk . . . . .	902	Garbage . . . . .	2
Pedlers . . . . .	93	Denatured alcohol . . . . .	24
Stable permit, final . . . . .	1	Manicure-massage . . . . .	59
Dumps . . . . .	7	Sausage . . . . .	2
Dumps disapproved . . . . .	2	Day nurseries . . . . .	1
Grease . . . . .	26	Beverage . . . . .	2

## MEDICAL DIVISION.

	March.		March.
Visits:		Nurses, Schick activities *	72
By medical inspections . . . . .	3,701	Medical inspector's activities:	
By veterinarian . . . . .	162	Schick readings . . . . .	5
By investigators . . . . .	241	Toxin-antitoxin injections . . . . .	67
By nurses * . . . . .	5,207	Vaccinations . . . . .	174
Cases brought to Boston for		Vaccination certificates . . . . .	124
treatment . . . . .	129	Deaths investigated . . . . .	34

\* Visits also included in report of "Nursing Service."

## NURSING SERVICE.

(For Child Hygiene and Medical Divisions.)

	March.
Homes visited . . . . .	<u>16,179</u>
Total number of new cases visited . . . . .	4,018
Total number of old cases visited . . . . .	<u>14,418</u>
Total number of new and old cases visited . . . . .	<u>18,436</u>
Wrong address . . . . .	300
Not seen . . . . .	2,286
Baby and pre-school visits . . . . .	10,643
Communicable disease visits † . . . . .	<u>5,207</u>
	18,436
Infant death investigations . . . . .	108
Maternal death investigations . . . . .	10
Patients accompanied to hospital . . . . .	1
Other special visits . . . . .	313
Nurses' visits to Day Nurseries . . . . .	<u>35</u>
Total number of all visits . . . . .	<u>18,903</u>

† Includes 310 ophthalmia visits.



# HEALTH UNITS.

March.

## MISCELLANEOUS UNIT ACTIVITIES:

Complaint of insanitary conditions . . . . .	5
Number of persons given health and other information . . . . .	450
City visitors . . . . .	24
Out of city visitors . . . . .	60
Routine medical inspection of adults (evening service) . . . . .	7

## DENTAL SERVICE:

Number of operations . . . . .	2,822
Number of dismissals . . . . .	470
Number of children treated . . . . .	1,071
Prophylaxis . . . . .	120

## EYE SERVICE:

New cases . . . . .	34
Number of refractions . . . . .	54
Number of revisits . . . . .	88

## MEDICAL DIVISION OF HEALTH DEPARTMENT:

### Work performed by medical inspector:

Visits made by medical inspector in the district † . . . . .	257
Vaccinations performed by medical inspector † . . . . .	31
Number of vaccination certificates issued . . . . .	18
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	17
Number of children examined for day nurseries . . . . .	35

### Nurses' visits: \*

Communicable disease visits by nurses in district . . . . .	404
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## CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT: ‡

Number of child health conferences . . . . .	18
Total attendance at child health conferences . . . . .	576
New babies at conferences . . . . .	80
Number of pre-school conferences . . . . .	35
Total new and old baby pre-school visits . . . . .	2,144
Home visits to babies and pre-school children . . . . .	2,752
Infant death investigation visits . . . . .	9
Special visits . . . . .	13
Number of posture classes . . . . .	7
Attendance at posture classes . . . . .	113

## BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	935
--	-----

## BOSTON LYING-IN HOSPITAL:

### Pre-natal Clinic:

Number of clinics . . . . .	5
Attendance . . . . .	106
Home visits . . . . .	28

\* Included in report of "Nursing Service."

† Included in report of "Medical Division."

‡ Included in report of "Child Hygiene Division."

	March.
COMMUNITY HEALTH ASSOCIATION:	
General Division:	
Home visits by nurses . . . . .	3,870
BOSTON DISPENSARY:	
Calls by district physician . . . . .	120
JEWISH WELFARE CENTER:	
Number of nutrition clinics . . . . .	2
Attendance at clinics . . . . .	8
Number of children examined at clinics . . . . .	8
STATE DEPARTMENT OF MENTAL DISEASES:	
Number of clinics . . . . .	9
Attendance at clinics . . . . .	115
Visits of workers . . . . .	25

# MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, MARCH, 1926.

## SYPHILIS.

Under investigation March 1 . . . . .	8
New cases during March . . . . .	17
	—
Total . . . . .	<u>25</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	4
Unable to locate . . . . .	5
Under investigation March 31 . . . . .	16
	—
Total . . . . .	<u>25</u>
New cases reported by number . . . . .	75

## GONORRHEA.

Under investigation March 1 . . . . .	82
New cases during March . . . . .	55
	—
Total . . . . .	<u>137</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	21
Unable to locate . . . . .	10
False address given . . . . .	9
Further treatment unnecessary . . . . .	1
Under investigation March 31 . . . . .	96
	—
Total . . . . .	<u>137</u>
New cases reported by number . . . . .	197

## SUMMARY.

	March.
Cases under investigation . . . . .	90
New cases during March . . . . .	72
	<hr/>
Total . . . . .	<u>162</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	25
Unable to locate . . . . .	15
False address given . . . . .	9
Further treatment unnecessary . . . . .	1
Under investigation March 31 . . . . .	112
	<hr/>
Total . . . . .	<u>162</u>
Visits by investigator and nurse . . . . .	299

## VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation March 1, 1926 . . . . .	9
New cases . . . . .	3
	<hr/>
Total . . . . .	<u>12</u>

### DISPOSITION OF CASES.

Under treatment . . . . .	4
Under investigation March 31 . . . . .	8
	<hr/>
Total . . . . .	<u>12</u>

## THE RIGHTS OF PROPERTY HOLDERS.

“We think that it is a settled principle, growing out of the nature of well-ordered civic society, that every holder of property, however absolute and unqualified may be his title, holds it under the implied liability that his use of it may be so regulated that it shall not be injurious to the equal enjoyment of others having an equal right to the enjoyment of their property nor injurious to the rights of the community.”— Massachusetts Supreme Court.

# MARCH REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Total Attendance.	Number of Babies.	Number of Pre- school Cases.	Total New Cases.	New Babies.	New Pre-school Children.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	113	107	6	40	34	6	5	23
31 Lincoln street.....	44	37	7	19	13	6	4	11
CHARLESTOWN.								
Charlestown Municipal Building.....	280	266	14	32	28	4	10	28
DORCHESTER.								
Codman Square Library Building....	282	267	15	95	88	7	5	56
Columbia Road Municipal Building..	381	374	7	59	56	3	10	38
7 Gordon place.....	236	226	10	50	41	9	5	47
EAST BOSTON.								
16 Chelsea street.....	227	178	49	91	68	23	5	45
406 Meridian street.....	155	148	7	39	34	5	5	31
177 Webster street.....	213	141	72	54	35	19	5	43
HYDE PARK.								
Hyde Park Municipal Building.....	176	156	20	41	28	13	5	35
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	182	162	20	49	31	18	5	36
NORTH END.								
41 North Margin street.....	268	195	73	81	50	31	9	30
ROSLINDALE.								
Roslindale Municipal Building.....	282	263	19	56	45	11	5	56
ROXBURY.								
Beth Israel Hospital.....	113	103	10	25	24	1	4	28
Children's Hospital.....	145	139	6	23	18	5	5	29
1049 Columbus avenue.....	265	237	28	65	51	14	9	29
Vine Street Municipal Building.....	264	239	25	71	61	10	5	53
SOUTH BOSTON.								
140 Dorchester street.....	226	185	41	87	57	30	9	25
SOUTH END.								
70 Emerald street.....	164	133	31	31	22	9	5	33
640 Harrison avenue.....	87	74	13	19	11	8	4	22
46 Lovering street.....	151	115	36	24	10	14	4	38
Shawmut Avenue Municipal Building,	173	171	2	19	19	0	5	35
Tyler Street Municipal Building.....	106	86	20	21	12	9	5	21
WEST END.								
17 Blossom street.....	309	254	55	33	30	3	9	34
Totals.....	4,842	4,256	586	1,124	866	258	142	34



# FOOD INSPECTION DIVISION.

## MARKET, STORE AND RESTAURANT SERVICE.

	March.
New reports . . . . .	3,810
Stores inspected . . . . .	4,058
Sanitary defects remedied . . . . .	77
Complaints at office . . . . .	36
Referred to Sanitary Division . . . . .	12
Milk applicants . . . . .	77
Notices to abate nuisances . . . . .	46
Court cases . . . . .	7
Convictions . . . . .	2
Fines . . . . .	\$20
Continued . . . . .	3
Filed after conviction . . . . .	1
Peddlers:	
Applications for licenses approved . . . . .	93
Numbers assigned . . . . .	103
Vehicles inspected and approved . . . . .	575
Laboratory Examinations:	
Bacteriological . . . . .	3
Chemical . . . . .	5

## CONDEMNATIONS.

Meat:		Fruit syrup . . . . .	1 gallon
Beef . . . . . 16 pounds		Preserves . . . . .	36 bottles
Corned beef tongues . . . . . 200 pounds		Pickles . . . . .	36 bottles
Hog . . . . . 90 pounds		Miscellaneous:	
Lamb . . . . . 8 pounds		Tea . . . . .	150 pounds
Pork . . . . . 65 pounds		Canned foods . . . . .	1,200 cans
Rabbit . . . . . 100 pounds		Eggs . . . . .	25½ dozen
Smoked shoulders . . . . . 180 pounds		Eggs . . . . .	5½ cases
Veal . . . . . 164 pounds			

## SAMPLES FOR ANALYSIS.

BACTERIOLOGICAL LABORATORY.		Hamburger . . . . .	1
Bread . . . . . 1		Orangeade . . . . .	1
Cake . . . . . 1		Pickle . . . . .	1
Milk . . . . . 1		Pork . . . . .	1
Eggs . . . . . 1			

## LIVE STOCK INSPECTION (Brighton Abattoir).

	March.		March.
Cattle inspected . . . . .	55	Parts condemned (lbs.) . . . . .	983
Calves inspected . . . . .	4,905	Animals condemned . . . . .	20
Swine inspected . . . . .	4,083		

## DAIRY DIVISION.

	March.		March.
Total inspection . . . . .	2,301	With milk rooms . . . . .	226
Dairies inspected . . . . .	244	Without milk rooms . . . . .	18
Scoring above 50 * . . . . .	222	Inactive . . . . .	53
Scoring below . . . . .	22	Total cattle inspected . . . . .	3,933

\* Passable mark.

	March.		March.
Inspections of milk plants and licensed dealers . . . . .	292	High bacterial counts investi- gated . . . . .	8
Bacteriological examinations . . . . .	670	Country creamery inspections . . . . .	30
		Sediment tests . . . . .	1,004

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	March.
Milk from wagons . . . . .	300
Milk from stores . . . . .	1,216
Milk brought by citizens . . . . .	1
Vinegar . . . . .	73
Butter and cheese . . . . .	4
Bread . . . . .	1
Eggs . . . . .	1
Water . . . . .	1
Liquor . . . . .	7
Hamburg . . . . .	2
BACTERIOLOGICAL:	
Milk . . . . .	713
Ice cream . . . . .	104
Cases . . . . .	6
Fines . . . . .	\$80

## BACTERIOLOGICAL LABORATORY.

	March.
Diphtheria . . . . .	955
Tuberculosis . . . . .	404
Typhoid . . . . .	29
Gonorrhea . . . . .	705
Gonorrheal opthalmia . . . . .	130
Syphilis . . . . .	1,522
Other examinations * . . . .	34
Bacteriological examinations of milk . . . . .	713
Bacteriological examinations of ice cream . . . . .	104
Total . . . . .	4,596

\* Cultures for virulence, 3; paratyphoids, 4; bread for poison, 1; cream for organisms, 1; dogs' heads for rabies, 3; urine for typhoid, 1; feces for typhoid, 1; culture for dysentery, 1; smear from thumb for Vincent's, 1; swab from eye for acid fast bacilli, 1; genito-urinary T. B., 12; malaria, 5.

## SANITARY INSPECTION DIVISION.

	March.
Original inspections . . . . .	1,581
New reports (defects noted) . . . . .	2,035
Re-inspections . . . . .	5,878
Legal notices served . . . . .	194
Complaints investigated . . . . .	487
Court cases authorized . . . . .	1
Fines . . . . .	\$110

# VITAL STATISTICS, MARCH, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING MARCH,  
1926, WITH COMPARATIVE FIGURES FOR MARCH, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,419	1,200	+219	21.63	18.39	+3.24
Nonresidents deducted.....	1,210	997	+213	18.45	15.28	+3.17
By AGE:						
Under one year.....	169	158	+11	2.58	2.42	+ .16
One year to four years, inclusive.....	109	61	+48	1.66	.93	+ .73
Sixty years and over.....	543	453	+90	8.28	6.94	+1.34
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	69	75	—6	1.05	1.15	— .10
Arteriosclerosis.....	47	36	+11	.72	.55	+ .17
Heart disease.....	277	208	+69	4.22	3.19	+1.03
Nephritis, chronic.....	67	50	+17	1.02	.77	+ .25
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,625	1,559	+66	24.77	23.89	+ .88
b. Registered stillbirths.....	44	43	+1	.67	.66	+ .01
Stillbirths per 1,000 births and stillbirths.....				26.36	26.84	— .48
c. Deaths of mothers from causes incident to childbirth.....	16	15	+1	.24	.23	+ .01
Deaths of mothers per 1,000 births and stillbirths.....				9.59	9.36	+ .23
Deaths of children in first year of life....	169	158	+11	2.58	2.42	+ .16
Deaths in first year per 1,000 live births,.....				104.0	101.35	+2.65
VIOLENCE:						
Accidents.....	56	50	+6	.85	.77	+ .08
Homicides.....	4	1	+3	.07	.015	+ .055
Suicides.....	9	10	—1	.14	.15	— .01
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	15	23	—8	.23	.35	— .12
Broncho-pneumonia.....	146	78	+68	2.22	1.19	+1.03
Cancer.....	103	116	—13	1.57	1.78	— .21
Cirrhosis of the liver.....	7	9	—2	.11	.14	— .03
Diabetes mellitus.....	25	20	+5	.38	.31	+ .07
Diarrheal diseases, children under two years of age.....	6	8	—2	.09	.12	— .03

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, MARCH, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....	—	—	—	—	—	—
Deaths.....	—	—	—	—	—	—
Cerebrospinal meningitis.....	6	4	+2	.09	.06	+.03
Deaths.....	5	1	+4	.08	.015	+.065
Diphtheria.....	97	155	-58	1.48	2.37	-.89
Deaths.....	8	12	-4	.12	.18	-.06
Influenza.....	211	67	+144	3.22	1.03	+2.19
Deaths.....	20	17	+3	.30	.26	+.04
Measles.....	805	925	-120	12.27	14.17	-1.90
Deaths.....	8	17	-9	.12	.26	-.14
Pneumonia (lobar).....	314	221	+93	4.79	3.39	+1.40
Deaths.....	134	60	+74	2.04	.91	+1.13
Scarlet fever.....	397	425	-28	6.05	6.51	-.46
Deaths.....	5	4	+1	.09	.06	+.03
Tuberculosis (pulmonary).....	169	192	-23	2.58	2.94	-.36
Deaths.....	64	77	-13	.97	1.18	-.21
Tuberculosis (other forms).....	24	35	-11	.36	.54	-.18
Deaths.....	12	12	—	.18	.18	—
Typhoid fever.....	5	13	-8	.08	.20	-.12
Deaths.....	—	1	-1	—	.015	-.015
Whooping cough.....	762	156	+606	11.62	2.39	+9.23
Deaths.....	38	6	+32	.58	.09	+.49

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

## DO NOT DESTROY.

When you have no further use for this  
Circular give it to someone else.



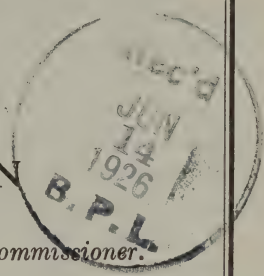
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# MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*



Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, MAY, 1926.

No. 5

## LOCAL PROGRESS OF STATE'S ANTI-TUBERCULOSIS PROGRAM.

During the past year there were begun in Boston the physical examinations of school children for the purposes of the State Department of Health's program to prevent the development of active pulmonary tuberculosis in later adult life

There are 104,094 children enrolled in the Boston public schools below the grade of high school. In addition 28,210 children attend the parochial schools.

From among these 130,000 children a total of 78,704 have thus far been picked for the purposes of the state's program. The basis for this segregation has in the main been an apparent deficiency with respect to weight and height for the children's ages. Of the 78,704 children who have been made the subject of special attention, 8,874 have been selected for special physical examination, and of these, 6,561 had actually been examined when the subjoined statistical report was compiled. The examination in actual practice was directed chiefly to the chest but also served in a considerable number of cases to disclose conspicuous tonsils and adenoids and decaying teeth. In about one fourth of the children examined the examination included the taking of radiographs of their chests. On the evidence presented by radiographs, 541, or about 9 per cent of

the school children selected for examination were pronounced to have hilum tuberculosis, active or latent, or to be suspicious.

The entire procedure to which the Boston school children have thus far been subjected in connection with the state's program has disclosed four cases of active pulmonary tuberculosis.

It would appear that of the 6,561 children picked for special examination with reference to the demonstration of active tubercular infection, 6,336 were given the tuberculin test. In practically one fourth of these children the reaction was positive. Available information does not show to what extent the 25 per cent was made up of those whose radiographs indicated hilum tuberculosis. In this connection it is interesting to observe that while only one fourth of these children, picked out from among 78,000 because of presumptive signs of an active tuberculosis process, gave a positive reaction to the tuberculin test, one third of presumably healthy children between the ages of one and seven years, who were subjected to this test, during the Framingham health demonstration gave a positive reaction. Furthermore at Framingham the percentage of positive reactors ran the highest in children of the racial and social class which contributed the least to the town's recognizable cases of tuberculosis. Similar tests in some communities are said to have shown as high as 65 per cent of positive reactors in apparently healthy children from five to fifteen years of age.

So far as the Framingham positive reactors could be subsequently located during a period of over six years, none of them developed recognizable signs of tuberculosis, glandular or otherwise. This fact taken in conjunction with the low percentage of positive reactors in Boston's suspicious children would seem to strengthen the contention of those who hold that a positive tuberculin reaction is an index of resistance rather than an indication of infection.

The statistical details of the work in Boston schools is shown below:

**SUMMARY OF THE REPORTS PREVIOUSLY SUBMITTED ON THE EXAMINATIONS MADE BY THE STATE CLINIC OF THE CHILDREN IN THE PUBLIC AND PAROCHIAL SCHOOLS OF BOSTON.**

Number of children weighed and measured:	
Public schools . . . . .	64,047
Parochial schools . . . . .	14,657
Total . . . . .	<u>78,704</u>
Number scheduled for examination:	
Public schools . . . . .	6,173
Parochial schools . . . . .	2,701
Total . . . . .	<u>8,874</u>

Total per cent scheduled for examination . . . . .		<u>11</u>
Number of consents obtained:		
Public schools . . . . .	5,298	
Parochial schools . . . . .	1,892	
Total . . . . .		<u>7,190</u>
Total percentage of consents obtained . . . . .		<u>81</u>
Number of children examined:		
Public schools . . . . .	4,935	
Parochial schools . . . . .	1,626	
Total . . . . .		<u>6,561</u>
Total percentage of children examined . . . . .		<u>75</u>
Number of contacts examined:		
Public schools . . . . .	751	
Parochial schools . . . . .	65	
Total . . . . .		<u>816</u>
Number of children given the tuberculin test:		
Public schools . . . . .	4,862	
Parochial schools . . . . .	1,474	
Total . . . . .		<u>6,336</u>
Number who reacted to the test		
Public schools . . . . .	1,270	
Parochial schools . . . . .	340	
Total . . . . .		<u>1,610</u>
Total percentage of reactors . . . . .		<u>25</u>
Number of children X-rayed:		
Public schools . . . . .	1,374	
Parochial schools . . . . .	359	
Total . . . . .		<u>1,733</u>
Number of cases of pulmonary tuberculosis:		
Public schools . . . . .	3	
Parochial schools . . . . .	1	
Total . . . . .		<u>4</u>
Number of cases of hilum tuberculosis:		
Public schools . . . . .	99	
Parochial schools . . . . .	25	
Total . . . . .		<u>124</u>
Number of cases of latent hilum tuberculosis:		
Public schools . . . . .	29	
Parochial schools . . . . .	6	
Total . . . . .		<u>35</u>

Number of cases of classified as suspects:	
Public schools . . . . .	299
Parochial schools . . . . .	83
Total . . . . .	<u>382</u>
Number of cases X-rayed and classified as negative:	
Public schools . . . . .	946
Parochial schools . . . . .	242
Total . . . . .	<u>1,188</u>
Number of children with enlarged tonsils and adenoids:	
Public schools . . . . .	858
Parochial schools . . . . .	355
Total . . . . .	<u>1,213</u>
Number of children in need of dentistry:	
Public schools . . . . .	1,971
Parochial schools . . . . .	755
Total . . . . .	<u>2,726</u>
Number of cases of heart disease:	
Public schools . . . . .	136
Parochial schools . . . . .	55
Total . . . . .	<u>191</u>
Number of cases of malnutrition:	
Public schools . . . . .	950
Parochial schools . . . . .	281
Total . . . . .	<u>1,231</u>

## THE BOSTON HEALTH LEAGUE.

The Boston Health League, Inc., has for its permanent work the co-ordination and correlation of public health activities in Boston as supported by both private and public funds. The practical field work of the League approaches the eventual goal visualized by the social engineer — a complete covering of the public health field by responsible, expert agencies at the lowest possible cost to common treasury and citizen's purse.

When a health project which the League has fostered leaves its guidance to become the permanent obligation of an organization — usually a municipal agency — another long stride has been taken toward this goal.

Financed for two years and nine months by the Boston Metropolitan Chapter of the American Red Cross and more recently by



subscriptions alone, the League undertook as its first important work a survey of the existing health agencies in one selected district. Though functioning for the entire city and giving to all the benefit of its conclusions and recommendations, the League has had as its field research "laboratory" the East Boston area.

The first concern of the League was to ascertain to what extent health needs were being met in the following classifications: Social conditions, medical service in industry, tuberculosis, mental health and child health. There was, it speedily learned, duplication of function among its member agencies (then 16, now 33) and other organizations. A general lack of correlation, entirely natural in a diverse group which has not previously had a "clearing house," was noted.

After intensive study to discover the actual health needs of this district, the League was convinced that the most pressing requirement was a health center in which could be grouped, actually and physically, the field activities of the many health agencies. In bringing this about the League took the initiative, and aided at every point in organization and planning. The League still holds together this important group, pending the permanent establishment of a Health Unit by the George Robert White fund of the City of Boston.

In addition to the development of methods applicable to all areas similar to that studied and organized, and the establishment of sound general policies, the League has become an invaluable link between private and official health agencies. In important instances, co-operation has displaced lack of understanding and knowledge of each other, and a complete supplementing of services has developed. Further, through education, both of the general public and of social agents, the municipality has been persuaded to take over imperative projects which formerly were made possible only by the generosity of individual citizens.

The League has strongly supported the Boston Health Department in the development of far-reaching programs which have met its membership's approval. A few: The diphtheria prevention campaign; the establishment of health units, in East Boston and in other congested areas; the extension of child welfare work; improvement of the public nursing organization.

The League's experience and conclusions are at the disposal of the city's social workers, public and private, outside the immediate health group. It not only is a member of the Boston Council of Social Agencies, but has become the Council's Department on Health, to which are referred health questions that arise in the general functional interplay of all agencies.

For 1926 the League requires the modest sum of \$6,000. Subscriptions payable to the Boston Health League, Inc., will be gratefully received by Dr. Richard B. Wadsworth, Treasurer, 520 Commonwealth avenue, Boston, Mass.

The Boston Health League requires but \$6,000 annually for its support.

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## MEASLES.

The number of reported cases of measles during 1925 shows a notable increase over the average for the past few years. This in itself is nothing remarkable. Experience has shown that in different districts of the city, beginning about every five years, there will occur in the district what practically amounts to an epidemic of measles, and which subsides as the child population becomes immunized, only to be repeated as soon as the new susceptible child population develops to a certain point. When two or more of these district epidemics happen to coincide an increased prevalence of measles appears statistically for the whole city.

During the past year, however, there has been an increase in mortality from measles out of proportion to the increase in the reported cases of measles.

The matter has been made the subject of a special investigation by the Medical Division and a special detailed report thereon submitted. The conclusions as set forth in this report may be summarized as follows:

Deaths attributed to measles are in virtually all instances deaths from pneumonia, to the development of which disease susceptibility is always increased by measles. While the deaths thus attributed to measles have more than doubled the past year, as compared with recent years, the actual increase represents practically only about fifty more deaths from pneumonia in the child population of the city, a number of cases so small as to make erroneous deductions therefrom very easy.

Investigation showed that the mortality occurred mainly in very young children. It was not due to any practice with respect to hospitalization. The increase in mortality was found to be virtually confined to three wards. These wards stand out prominently by reason of their Italian population, embracing Italians of both the first and second generation in the country. Mortality from measles was especially conspicuous in the Italian population of these wards, but the reason therefor was not determined and the report of the investigation concludes with the statement that "in so far as such increase (in measles mortality) may not be due to an increase in the number of cases, it is attributable to some unknown

factor which is operative to greater extent among the Italian population of Boston than among other nationalities."

For the year 1925 there were 6,683 cases and 113 deaths from measles as against 4,758 cases and 44 deaths in the previous year.

YEARS.	MEASLES.				
	CASES.		DEATHS.		
	Number of Cases.	Case Rate per 100,000 Population.	Number of Deaths.	Death Rate per 100,000 Population.	Death Rate per 1,000 Reported Cases.
1901-1905 *	3,436	589.1	72	12.4	20.95
1906-1910 *	3,812	592.7	82	12.7	21.51
1911-1915 *	4,878	676.3	73	10.1	14.96
1916.....	5,324	713.5	107	14.3	20.10
1917.....	5,695	762.7	102	13.6	17.91
1918.....	6,319	845.7	112	14.9	17.72
1919.....	2,196	293.7	27	3.6	12.29
1920.....	6,518	867.6	65	8.6	9.97
1921.....	3,396	448.2	38	5.0	11.19
1922.....	5,356	701.0	46	6.0	8.58
1923.....	5,023	652.0	57	7.4	11.25
1924.....	4,758	612.5	44	5.7	9.25
1925.....	6,683	.....	113		

\* Annual average for five years.

## CLEAN EATING PLACES.

Most people when they enter a restaurant or eating place of any kind think but little of the conditions under which the food is prepared and cooked. This is a matter of much importance, and happily, proprietors are waking up to the fact that the public is anxious for cleanliness in eating places.

The public should take great interest in this matter inasmuch as almost everyone has occasion to eat in public eating houses occasionally, not to mention the countless numbers that do not live at home, and must of necessity patronize such places for meals.

Of the fewer restaurants that are beginning business the exterior and main dining rooms are spotless, and, in fact, every thing in evidence is scrupulously clean. It is known that the public wishes cleanliness, especially when they pay for it, and also so many places are competing for trade.

It is, of course, often noticed that finger bowls are simply filled and refilled after each service and never cleaned. Often soiled

napkins are used to wipe off dishes before a person is served. These may appear of little consequence, but at the same time, maybe, are indicative of graver insanitary practices taking place in the kitchen.

It is in the kitchen where the real evil lurks; very little attention is paid to this place, where the public does not have access. The kitchen should have the latest sanitary equipment; personal cleanliness and clean habits of employees as well as extreme care in the preparation of foodstuffs should be well in evidence. The kind of food purchased by the proprietor and served to his patrons is entirely up to the proprietor himself; it is a personal matter and a matter of business with him.

If he chooses to serve poor, cheap food, and food that is unwholesome and improperly prepared, his business will soon vanish. Good, pure food served under most hygienic conditions is the best advertisement for any eating place. Trade follows a reputation.

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## **THE MASSACHUSETTS GENERAL HOSPITAL — ONE OF THE GREAT MEDICAL CENTERS OF THE WORLD — IS YOUR HOSPITAL.**

With keen realization of the humane and far-reaching benefits of this institution, generous citizens have joined the trustees and the physicians and surgeons of the staff in giving both service and money. Quietly, the hospital has paid its own way for over a century without help from the city or from the state.

The Massachusetts General Hospital is a haven of refuge for more than 200,000 persons a year, many of whom can find nowhere else the same chance for life or relief from suffering. They come from 1,200 cities and towns in New England and from every state in the Union.

The Massachusetts General Hospital is not a state institution. It has been sustained and continued throughout its 105 years of usefulness by private gifts from generous, fine spirited men and women.

The Massachusetts General Hospital is a human institution and must either weaken or grow stronger in service to meet constantly increasing demands made upon it.

The trustees feel that an appeal to the citizens of the city and the state and generous givers beyond the state should rest not only on past records of achievement and on present needs, but also on the promise of greater service in the future.

Your own good gift and personal interest will be gratefully acknowledged by the trustees and silently acknowledged in the hearts of those within our doors. \$3,250,000 needed for buildings and endowment for research and education.



# BIRTHS IN BOSTON FOR 1925, AND DEATHS OF INFANTS UNDER ONE YEAR OF AGE, NONRESIDENT BIRTHS AND DEATHS, AND DEATHS BY AGE PERIODS AT HOME AND IN HOSPITALS.

The total number of births in Boston, 1925 . . . . .	18,596
The number of births in hospitals (54 per cent) . . . . .	10,023
The number of nonresident births in hospitals . . . . .	3,169
The total number of deaths (under one year) . . . . .	1,582
The number of nonresident infant deaths, all but five occurred in hospitals . . . . .	301
Number of resident births in hospitals . . . . .	6,854
Number of resident infant deaths in hospitals . . . . .	652
Number of resident births at home . . . . .	8,573
Number of resident infant deaths at home . . . . .	649

## BY AGE PERIODS. INFANT DEATHS IN HOSPITALS AND AT HOME.

AGE PERIOD.	Number in Hospitals.	At Home.	Total.
Under one day . . . . .	185	126	311
One day . . . . .	54	30	84
Two days . . . . .	44	28	72
Three days . . . . .	81	47	128
One week . . . . .	57	37	94
Two weeks . . . . .	39	20	59
Three weeks . . . . .	29	23	52
One month . . . . .	65	52	117
Two months to three months . . . . .	48	40	88
Three months to six months . . . . .	129	104	233
Six months to nine months . . . . .	109	64	173
Six months to under one year . . . . .	88	83	171
Totals . . . . .	928	654	1,582

From the above table it would appear that while 54 per cent of the births in Boston occur in hospitals, about 60 per cent of the infant mortality occurs in hospitals, but it is to be clearly understood that it is a far different matter from saying that 60 per cent of the infants born in hospitals die. Just what the infant mortality may be among infants born in Boston hospitals involves a task of following up infant births or tracing back infants' deaths that the Health Department has not the personnel available to undertake at present.

The higher infant mortality in hospitals than at home is just what should be expected. Prospective maternity cases presenting

probably dangers or difficulties are usually recognized in Boston at the present time and sent to the hospital as a matter of course. Emergencies arising during confinement at home are usually met by transfer to some hospital. The local practices just mentioned, taken together with the common practice of placing in hospitals defective or sick babies born at home, serve to bring a large proportion of Boston's abnormal infants into hospitals. There is one institution particularly which contributes conspicuously to Boston's infant mortality by reason of the fact that its function is to care for infants born with most unfavorable prospects.

### TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING APRIL, 1926.

CLASSIFICATION.	Number.	Percentage.
After death.....	10	12.35
Seven days or less.....	13	16.05
Eight to fourteen days, inclusive.....	8	9.88
Fifteen to twenty-one days, inclusive.....	7	8.64
Twenty-two to thirty-one days, inclusive.....	4	4.94
WITHIN FIRST MONTH. (Total).....	42	51.86
Within second month.....	6	7.41
Within third month.....	1	1.23
Within fourth month.....	10	12.35
Within fifth month.....	1	1.23
Within sixth month.....	—	—
Within seventh month.....	1	1.23
Within eighth month.....	1	1.23
Within ninth month.....	—	—
Within tenth month.....	1	1.23
Within eleventh month.....	—	—
Within twelfth month.....	2	2.47
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	65	80.24
Within second year.....	6	7.41
Within third year.....	2	2.47
More than three years.....	8	9.88
Grand totals.....	81	100.00

Experiments on rats would indicate that when constituting the main article of diet, sweetbreads, tripe, cheek meat and ox lips had a decidedly lower nutritive value than ox muscle.

— Hoagland & Snider, *Journal Agricultural Research*.

# **SURVEY OF THE QUALITY OF BOSTON MARKET MILK.**

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during April. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.16	3.65	17
Allen, Fred H.....	12.37	3.77	51
Antetomasso, Peter.....	12.43	3.88	10
Barron, Clarence W.....	13.76	4.78	10
Bergman, John H.....	12.61	3.96	21
Bolio, William J.....	13.07	4.45	62
Brandley, T. J., & P. J.....	12.76	3.98	46
Casey, James D.....	13.81	4.88	18
Cashin, James D.....	12.34	3.85	37
Cedar Hill Farms.....	13.30	4.51	13
Chapin, George H.....	12.07	3.56	17
Childs Brothers.....	12.33	3.70	18
Clapp, Frank L.....	14.25	5.25	60
Clark, Levi.....	12.30	3.86	49
Converse, Marquis M.....	13.62	4.35	18
Corkery, John H.....	12.26	3.63	180
Crowell, Raymond.....	12.89	4.20	35
Cummings, Francis S.....	12.15	3.65	14
Cunningham, Paul.....	13.82	4.85	12
Cusick, John H.....	12.85	3.95	69
Deerfoot Farm Milk Company.....	12.83	4.13	16
Denehy, Timothy.....	12.42	3.70	505
Driscoll, William B., Company.....	12.58	3.85	20
Duggan Brothers.....	12.75	3.87	57
Edgerly Frank S.....	12.18	3.67	20
Elm Spring Farm Milk Company.....	12.29	3.70	126
English, J., & Son.....	12.74	3.97	27
Ferguson, Malcolm D.....	12.81	3.93	21
Furbush, Almon J.....	12.91	3.86	18
Garfield, Mason.....	14.99	5.40	15
Garvin, Charles E.....	12.56	4.13	13
Giroux, J. E., & H. J.....	12.44	3.66	20
Greenblatt, Benjamin R.....	12.13	3.68	45
Griffin, Joseph L.....	12.76	3.90	13

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Gushee, Chester W. ....	12.70	3.98	31
Hagar, J. M., & Son, Inc. ....	12.30	3.68	15
Herlihy Brothers. ....	12.34	3.76	28
Hickey, M. J. ....	12.45	3.86	220
Holden, John E. ....	12.85	4.00	27
Holland & Cosgrove. ....	12.73	4.00	100
Hood, H. P., & Sons, Inc. ....	12.36	3.76	27
Howe, F. Esther. ....	13.66	4.55	10
Hutchinson, Frank T. ....	12.41	3.83	18
Jones, William T., Company. ....	12.54	3.82	25
Kendall Brothers Company. ....	12.43	3.73	108
Kingston, Samuel. ....	13.53	4.47	13
Klawe & Freeman. ....	12.73	3.93	24
Knapp, George J. ....	12.66	3.76	257
Lang Brothers. ....	12.37	3.67	44
Larsson, Charles. ....	12.19	3.68	19
Lincoln Farms, Inc. ....	12.64	4.00	15
Lyndonville Creamery Association. ....	12.74	4.05	93
Manning, Peter. ....	12.45	3.75	86
Maple Farm Milk Company. ....	12.26	3.66	64
McAdams, John F. ....	12.94	4.16	266
McKernan, John. ....	12.55	3.98	17
Millwood Farms, Inc. ....	12.35	3.85	17
Munchbach, George. ....	12.63	3.87	43
Newton & Pope. ....	12.60	3.77	47
Noble, William F., & Sons. ....	12.81	4.04	19
Podren, Phillip. ....	12.73	3.92	26
Robinson, Albert J. ....	12.47	3.85	37
Robinson, J. A. ....	12.53	4.05	24
Runkle, J. C. ....	13.71	4.50	150
Schuster, Adam. ....	12.74	3.87	33
Seven Oaks. ....	12.39	3.82	55
Shick, Jacob. ....	12.47	3.75	121
Shopnick, Louis. ....	12.67	3.88	46
Somerset Farms. ....	13.34	4.55	9
Sterling Farms Milk Company. ....	12.48	3.70	17
Stone, Howard L. ....	12.20	3.75	27
Stuart, Wallis E. ....	12.45	3.87	17
Sullivan, J. L. ....	12.40	3.87	108



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Swett, Warren.....	12.48	3.82	88
Turner Centre System, Inc.....	12.65	3.95	31
United Farmers' Co-operative Creamery.....	12.67	3.93	12
Vartanian, Setrag.....	12.85	4.15	60
Walker-Gordon Laboratory Company.....	12.93	4.28	9
Ware, George H.....	12.75	3.78	15
Weiler, E., & Sons.....	12.45	3.85	29
Werner, F., Company.....	12.47	3.80	120
Westwood Farms Milk Company.....	12.28	3.65	16
White Brothers.....	12.81	4.03	12
Whiting Milk Company.....	12.22	3.73	21
Whittemore, W. D.....	12.69	3.85	15
Wiswall, Granville A.....	12.60	3.98	28
Woodland, Charles L.....	12.36	3.83	26

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.43	3.88	98
The Cloverdale Company.....	Turner Centre System, Inc.,	12.60	3.93	18
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.75	4.07	18
Economy Grocery Stores Com- pany.	Whiting Milk Company....	12.23	3.73	32
The Ginter Company.....	The Ginter Company.....	12.85	4.12	13
Morgan Brothers Company....	Morgan Brothers Company,	12.97	4.25	80
O'Keefe's, Inc.....	Bellows Falls Co-operative Creamery Company.	12.89	4.06	23
M. Winer & Co.....	Hyman Winer.....	12.56	3.70	23

### EXTRACT FROM BOSTON TOWN RECORDS, 1763.

December 21. The master of the Briggandine Naney from Ferry-land in Newfoundland, reported to the Selectmen that on the first of December one of his men was taken sick as he supposed with the Small Pox. The Captain was given liberty to bring his briggandine up to Boston, provided that those on board who had not had the small pox should be first tended and sent to the Hospital.

December 23. One of the physicians having given information of a case of Small Pox in Boston, namely the son of the mate of the

Briggandine Nancy, gave orders that inasmuch as the person could not be moved but at the risk of his life that the shop should be shut up. A flag was ordered to be put out as a signal of infection and carpenters were employed to erect fences and bars to prevent passing and repassing that House.

Strict orders were then given by the Selectmen to Mr. Ichabod Williston, as follows:—

Boston, December 23<sup>d</sup> 1763.

The Small Pox being at M<sup>r</sup> Bulkleys House near the Sign of the Schooner, it is our Orders that you keep a Watch at the said House where we have directed a Flag to be put out— You are not to suffer any Persons to go in or out of the House, except the Doctor; any Necessaries that may be wanted for the Family you are to get them as well as you can—you must not leave said Watch untill 11 O'Clock at Night not fail attending again by Day break— We expect you to behave with great care & faithfulness as the safety of the Inhabitants will much depend upon it, and upon your so doing we shall make you a proper allowance for your time and service.

By Order of the Select men

William Cooper Town Clerk

At a Meeting of the Select men, January 2<sup>d</sup> 1764

M<sup>r</sup> Williston having Reported to us that Joseph Bulkley Mate of Cap<sup>t</sup> Dobles Vessell (Briggandine Nancy) who has been for some time sick of the Small Pox at his Fathers House died this Morning, The Select men thereupon gave M<sup>r</sup> Williston the following Directions concering his Funeral, and wrote Mr. Bulkley the Father if the Deceased relative to his burial, and The Airing and cleansing of the House Clothing &c.

Boston, January 2<sup>d</sup> 1764

M<sup>r</sup> Thomas Williston

Information having been given us that Joseph Bulkley who has been sometime sick of the Small Pox at his Fathers House near the sign of the Schooner died there this Morning— Our Orders to you are: That as soon as may be the Corps be put into a Tarr'd Sheet and then into the Coffin, and that in the Dead of the Night you bury the same in a Grave at the North Burying Ground— You must take the utmost care in every particular relative to the Burial—when you take the Corps out, let a Man go before—at the same distance to see that no Person liable to take the Infection be in the Way; Do not carry the Corps by Cap<sup>t</sup> Whites House, but up the Middle Way opposite D<sup>r</sup> Cutlers Church—We do not think it will be prudent to proceed on this Business untill after 12 O'Clock at Night. You are to see the Guard still kept up at the Deceaseds

House, and that the People therein continue their care, you must caution them not to burn those Things where in there is any infection; and of Mr. Hartley comes up with his Boat this Day he must in the Night take from the House all the Bedding and Cloths that have been about or made use of by the Deceased, and carry the same down to the Island, in order to their being sufficiently smoked and cleansed under his inspection.

At a Meeting of the Selectmen, January 9, 1764.  
M<sup>r</sup> Williston who was sent down to M<sup>r</sup> Bulkleys to enquire what Methods had been taken to cleanse his House and guard against Infection—Reported—That the Room where the Sick lay, the Stair Case &c. had been washed two or three Times, and well smoked with Brimstone and Frankinsence both before and after washing.  
Voted, that the Watch be taken off M<sup>r</sup> Bulkleys House, and that he be Ordered to open the Windows at 12 O’Clock this Night, shutting them before Day, and that he repeat the same to Morrow Night. And that he be cautioned against admitting Persons into the house till further Orders of the Select Men.

MOTOR FATALITIES IN CITIES.

	First three months, 1926.	First three months, 1925.
New York, N. Y. . . . .	191	192
Chicago, Ill. . . . .	115	116
Philadelphia, Pa. . . . .	54	47
Detroit, Mich. . . . .	61	50
Cleveland, Ohio . . . . .	40	53
St. Louis, Mo. . . . .	42	41
Boston, Mass. . . . .	21	30
Baltimore, Md. . . . .	20	23
Pittsburgh, Pa. . . . .	31 (11*)	34 (5*)
Los Angeles, Calif. . . . .	62	66
Buffalo, N. Y. . . . .	25	20
San Francisco, Calif. . . . .	17	27
Milwaukee, Wisc. . . . .	12	16
Washington, D. C. . . . .	17	21
Newark, N. J. . . . .	20	22
Cincinnati, Ohio . . . . .	29	37
New Orleans, La. . . . .	22	24
Minneapolis, Minn. . . . .	14	13

\* Accidents included in total, but occurred outside city limits.

# SUMMARY OF THE WORK, APRIL, 1926.

## BUREAU OF ADMINISTRATION.

	April.		April.
Conferences . . . . .	5	Personnel:	
Prosecutions ordered . . . . .	2	Number of employees . . . . .	273
Legal notices . . . . .	343	Transfers approved . . . . .	1
Lying-in Hospital approved . . . . .	5	Resignation withdrawn . . . . .	1
Contract awarded . . . . .	4	Leave of absence . . . . .	1
Miscellaneous hearings . . . . .	2	Appointments:	
Orders issued . . . . .	7	Temporary . . . . .	1
Dump applications disap-		Permanent . . . . .	1
proved . . . . .	2	Appropriation . . . . .	\$805,338 73
Dump applications approved . . . . .	1	Amount expended to	
Lodging houses certified . . . . .	5	May 1 . . . . .	168,819 83
		Balance . . . . .	636,518 90

## LICENSES, PERMITS, ETC., ISSUED.

	April.		April.
Burial permits . . . . .	1,422	Manicure-massage . . . . .	29
Denatured alcohol . . . . .	110	Milk . . . . .	1,165
Dump . . . . .	1	Offensive trades . . . . .	5
Grease . . . . .	50	Pedlers . . . . .	139
Manure . . . . .	2	Garbage . . . . .	5
Hen licenses . . . . .	562	Sausage manufacturing . . . . .	4

## MEDICAL DIVISION.

	April.		April.
Visits:		Medical inspectors' activities:	
By medical inspectors . . . . .	3,862	Schick readings . . . . .	17
By veterinarian . . . . .	185	Toxin-antitoxin injections . . . . .	127
By investigators . . . . .	354	Vaccinations . . . . .	261
By nurses . . . . .	4,535	Deaths investigated . . . . .	24
Cases brought to Boston for		Vaccination certificates . . . . .	106
treatment . . . . .	130	Total activities . . . . .	9,428
Nurses, Schick activities * . . . . .	144		

\* Included in report of Nursing Service.

## NURSING SERVICE.\*

(For Child Hygiene and Medical Divisions.)

	April.
Homes visited . . . . .	14,741
Total number of new cases visited . . . . .	3,298
Total number of old cases visited . . . . .	13,579
Total number of new and old cases visited . . . . .	16,877
Wrong address . . . . .	265
Not seen * . . . . .	1,900
Baby and pre-school visits . . . . .	10,177
Communicable disease visits † . . . . .	4,535
	16,877

† Includes 345 ophthalmia visits.



	April.
Infant death investigations (inclusive in homes visited) . . . . .	117
Maternal death investigations (inclusive in homes visited) . . . . .	3
Patients accompanied to hospital . . . . .	8
Other special visits * . . . . .	108
Nurses' visits to Day Nurseries . . . . .	27
Total number of all visits . . . . .	<u>17,140</u>

\* Visits also included in report of "Medical Division" and "Health Units."

## HEALTH UNITS.

MISCELLANEOUS UNIT ACTIVITIES:	April.
Complaint of insanitary conditions . . . . .	2
Number of persons given health and other information . . . . .	450
City visitors . . . . .	45
Out of city visitors . . . . .	11

### DENTAL SERVICE:

Number of operations . . . . .	2,138
Number of dismissals . . . . .	419
Number of children treated . . . . .	1,130
Prophylaxis . . . . .	282

### EYE SERVICE:

New cases . . . . .	18
Number of refractions . . . . .	69
Number of glasses prescribed . . . . .	16
Number examined for diagnosis only . . . . .	19

### MEDICAL DIVISION OF HEALTH DEPARTMENT:

#### Work performed by medical inspector:

Visits made by medical inspector in the district . . . . .	417
Vaccinations performed by medical inspector . . . . .	50
Number of vaccination certificates issued . . . . .	32
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	19
Number of children examined for day nurseries . . . . .	26

#### Nurses' visits: †

Communicable disease visits by nurses in district . . . . .	401
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### CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT: \*

Number of child health conferences . . . . .	17
Total attendance at child health conferences . . . . .	598
New babies at conferences . . . . .	322
Number of pre-school conferences . . . . .	109
Home visits to babies and pre-school children . . . . .	1,895
Total new and old baby and pre-school visits . . . . .	2,289
Infant deaths investigation visits . . . . .	6
Special visits . . . . .	12

† Included in report of "Child Hygiene Division Report" and "Nursing Service."

	April
Number of posture classes . . . . .	13
Attendance at posture classes. . . . .	323
Number of poster classes . . . . .	0
Attendance at poster classes . . . . .	0
Attendance at one cooking class . . . . .	11
BOSTON SANATORIUM:	
Calls made by nurses in the district . . . . .	984
BOSTON LYING-IN HOSPITAL:	
Pre-natal Clinic:	
Number of clinics . . . . .	4
Attendance . . . . .	63
New cases . . . . .	14
COMMUNITY HEALTH ASSOCIATION:	
General Division:	
Home visits by nurses . . . . .	3,528
BOSTON DISPENSARY:	
Calls by district physician . . . . .	67
JEWISH WELFARE CENTER:	
Number of nutrition clinics . . . . .	3
Attendance at clinics . . . . .	10
Number of children examined at clinics . . . . .	10
STATE DEPARTMENT OF MENTAL DISEASES:	
Number of clinics . . . . .	9
Attendance at clinics . . . . .	54
Visits of workers . . . . .	24
New cases . . . . .	
AMERICAN RED CROSS:	
Number of classes . . . . .	7
Attendance at classes . . . . .	132

**MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,  
APRIL, 1926.**

**SYPHILIS.**

Under investigation April 1 . . . . .	16
New cases during April . . . . .	37
Total . . . . .	<u>53</u>

**DISPOSITION OF CASES.**

Placed under treatment . . . . .	5
Unable to locate . . . . .	12
False address given . . . . .	1
Under investigation April 30 . . . . .	35
Total . . . . .	<u>53</u>
New cases reported by number . . . . .	86

## GONORRHEA.

Under investigation April 1 . . . . .	96
New cases during April . . . . .	95
	<hr/>
Total . . . . .	<u>191</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	47
Unable to locate . . . . .	32
False address given . . . . .	21
Further treatment unnecessary . . . . .	3
Under investigation April 30 . . . . .	88
	<hr/>
Total . . . . .	<u>191</u>
New cases reported by number . . . . .	199

## SUMMARY.

Cases under investigation April 1 . . . . .	112
New cases during April . . . . .	132
	<hr/>
Total . . . . .	<u>244</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	52
Unable to locate . . . . .	44
False address given . . . . .	22
Further treatment unnecessary . . . . .	3
Under investigation . . . . .	123
	<hr/>
Total . . . . .	<u>244</u>
Visits by investigator and nurse . . . . .	371

## VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation April 1 . . . . .	8
New cases . . . . .	5
	<hr/>
Total . . . . .	<u>13</u>

### DISPOSITION OF CASES.

Under treatment . . . . .	3
Under investigation April 30 . . . . .	5
Treatment not necessary . . . . .	3
Unable to locate . . . . .	2
	<hr/>
Total . . . . .	<u>13</u>

# APRIL REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Total Attendance.	Number of Babies.	Number of Pre-school Cases.	Total New Cases.	New Babies.	New Pre-school Children.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	128	126	2	44	43	1	4	32
31 Lincoln street.....	87	76	11	34	25	9	5	17
CHARLESTOWN.								
Charlestown Municipal Building.....	227	214	13	43	36	7	7	32
DORCHESTER.								
Codman Square Library Building....	295	281	14	105	96	9	4	74
Columbia Road Municipal Building..	399	393	6	64	63	1	7	57
7 Gordon place.....	232	213	19	42	32	10	4	58
EAST BOSTON.								
16 Chelsea street.....	143	113	30	34	24	10	3	48
406 Meridian street.....	167	159	8	40	35	5	4	42
177 Webster street.....	153	116	37	44	31	13	4	38
HYDE PARK.								
Hyde Park Municipal Building.....	125	102	23	45	29	16	3	42
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	184	166	18	53	44	9	4	46
NORTH END.								
41 North Margin street.....	273	199	74	109	65	44	9	30
ROSLINDALE.								
Roslindale Municipal Building.....	158	140	18	34	20	14	3	53
ROXBURY.								
Beth Israel Hospital.....	152	143	9	29	23	6	5	30
Children's Hospital.....	142	134	8	49	41	8	4	36
1049 Columbus avenue.....	360	274	32	95	76	19	9	34
Vine Street Municipal Building.....	162	152	10	37	36	1	3	54
SOUTH BOSTON.								
140 Dorchester street.....	258	222	36	81	58	23	9	29
SOUTH END.								
70 Emerald street.....	134	110	24	15	9	6	4	34
46 Lovering street.....	128	101	27	14	9	5	5	26
640 Harrison avenue.....	142	118	24	43	29	14	5	28
Shawmut Avenue Municipal Building,	154	138	16	19	16	3	4	39
Tyler Street Municipal Building.....	68	52	16	10	7	3	4	17
WEST END.								
17 Blossom street.....	325	270	55	49	44	5	8	41
Totals.....	4,542	4,012	530	1,132	891	241	121	38



# FOOD INSPECTION DIVISION.

## MARKET, STORE AND RESTAURANT SERVICE.

	April.
New reports . . . . .	4,927
Stores inspected . . . . .	5,126
Sanitary defects remedied . . . . .	90
Complaints at office . . . . .	34
Referred to Sanitary Division . . . . .	18
Milk applicants . . . . .	150
Notices to abate nuisances . . . . .	67
Court cases . . . . .	7
Convictions . . . . .	4
Fines . . . . .	\$250
Continued . . . . .	3
Peddlers:	
Numbers assigned . . . . .	182
Vehicles inspected and approved . . . . .	517
Licenses certified . . . . .	152
Wagons to remove bones, etc. (renewals) . . . . .	50
Laboratory Examinations:	
Bacteriological . . . . .	2
Chemical . . . . .	3

### CONDEMNATIONS.

Meat:		Shoulder . . . . .	4 pounds
Beef . . . . .	2 pounds	Fish:	
Guinea hen . . . . .	71 pounds	Haddock . . . . .	7 pounds
Ham . . . . .	5 pounds	Fruit:	
Liver . . . . .	2 pounds	Cherries . . . . .	57 pounds
Pigeon . . . . .	105 pounds	Chestnuts . . . . .	20,125 pounds
Pork loins . . . . .	72 pounds		

### LIVE STOCK INSPECTION (Brighton Abattoir).

	April.		April.
Cattle inspected . . . . .	143	Sheep inspected . . . . .	8
Calves inspected . . . . .	3,704	Parts condemned (lbs.) . . . . .	507
Swine inspected . . . . .	3,785	Animals condemned . . . . .	5

### DAIRY DIVISION.

	April.		April.
Total inspection . . . . .	2,770	Inspections of milk plants and	
Dairies inspected . . . . .	119	licensed dealers . . . . .	353
Scoring above 50 * . . . . .	116	Bacteriological examinations . . . . .	927
Scoring below 50 . . . . .	3	Country creamery inspections . . . . .	37
With milk rooms . . . . .	117	Sediment tests . . . . .	1,317
Without milk rooms . . . . .	2	Investigation of high bacterial	
Inactive . . . . .	4	counts . . . . .	13
Total cattle inspected . . . . .	2,383		

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	April.
Milk from wagons . . . . .	331
Milk from stores . . . . .	1,027
Milk brought by citizens . . . . .	6

	April.
Vinegar . . . . .	151
Beer . . . . .	1
Tonics . . . . .	2
Liquor . . . . .	8
Rum . . . . .	1
Jelly . . . . .	1
Water . . . . .	4
Metals . . . . .	4
Flour . . . . .	1
BACTERIOLOGICAL:	
Milk . . . . .	630
Ice cream . . . . .	63
Court cases . . . . .	8
Fines . . . . .	\$270

### SANITARY INSPECTION DIVISION.

	April.		April.
Original inspections . . . . .	3,453	Legal notices served . . . . .	343
New reports . . . . .	4,020	Complaints investigated . . . . .	706
Reinspections . . . . .	9,556	Court cases authorized . . . . .	4

### BACTERIOLOGICAL LABORATORY.

	April.
Diphtheria . . . . .	929
Tuberculosis . . . . .	320
Typhoid . . . . .	34
Gonorrhea . . . . .	655
Gonorrheal ophthalmia . . . . .	89
Syphilis . . . . .	1,388
Other examinations * . . . . .	51
Bacteriological examinations of milk . . . . .	630
Bacteriological examinations of ice cream . . . . .	63

\* Malaria, 8; genito urinary tuberculosis, 10; paratyphoids, 16; eye smear for organisms, 5; chicken liver for T. B., 1; blood for organisms, 1; sausage for trichinosis, 1; muscle for trichinosis, 1; smear for organisms, 1; corned shoulder for organism, 1; hog skin for organism, 1; dog's head for rabies, 1; faces for ova, 1; dark field examinations, 3.

### ARE THESE MERELY COINCIDENCES?

According to Professor Alfredo Niceforo of the University of Naples, the tabulation of available information regarding the prevalence of and the mortality from cancer in Italy discloses the following curious facts: While the part of the body primarily affected by cancer in women varies markedly in the different regions of Italy, in all regions of Italy widows appear to be more subject to cancer of the breast than unmarried or married women. Except for one age group, reported deaths from cancer of the uterus decrease when the birth rate of a region increases, and for all age groups cancer of the breast decreases as the birth rate increases. It also appears that deaths from cancer increase as infant mortality decreases.

# VITAL STATISTICS, APRIL, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING APRIL, 1926, WITH COMPARATIVE FIGURES FOR APRIL, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	1,141	1,062	—79	17.38	16.27	+1.11
Nonresidents deducted.....	922	867	+55	14.06	13.28	+ .78
BY AGE:						
Under one year.....	142	138	+4	2.16	2.11	+ .05
One year to four years, inclusive.....	66	64	+2	1.01	.98	+ .03
Sixty years and over.....	469	394	+75	7.15	6.04	+1.11
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	50	71	—21	.76	1.09	— .33
Arteriosclerosis.....	24	45	—21	.36	.69	— .33
Heart disease.....	231	176	+55	3.52	2.70	+ .82
Nephritis, chronic.....	52	49	+3	.79	.75	+ .04
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,450	1,379	+71	22.10	21.13	+ .97
b. Registered stillbirths.....	53	46	+7	.81	.70	+ .11
Stillbirths per 1,000 births and stillbirths.....				35.26	32.38	+2.88
c. Deaths of mothers from causes incident to childbirth.....	18	11	+7	.27	.17	+ .10
Deaths of mothers per 1,000 births and stillbirths.....				11.98	7.72	+4.26
Deaths of children in first year of life. ...	142	138	+4	2.16	2.11	+ .05
Deaths in first year per 1,000 live births, .....				97.93	100.07	—2.14
VIOLENCE:						
Accidents.....	39	57	—18	.59	.87	— .28
Homicides.....	2	1	+1	.03	.015	+ .015
Suicides.....	6	11	—5	.09	.17	— .08
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	16	20	—4	.24	.31	— .07
Broncho-pneumonia.....	90	63	+27	1.37	.96	+ .41
Cancer.....	108	98	+10	1.65	1.50	+ .15
Cirrhosis of the liver.....	7	4	+3	.11	.06	+ .05
Diabetes mellitus.....	21	13	+8	.32	.20	+ .12
Diarrheal diseases, children under two years of age.....	12	7	+5	.18	.11	+ .07

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, APRIL, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 2	2	—	.03	.03	—
	Deaths. —	—	—	—	—	—
Cerebrospinal meningitis.....	Cases.. 2	9	—7	.03	.14	— .11
	Deaths. 1	7	—6	.015	.11	— .095
Diphtheria.....	Cases.. 70	139	—69	1.07	2.13	—1.06
	Deaths. 8	10	—2	.12	.15	— .03
Influenza.....	Cases.. 85	31	+54	1.29	.17	+1.12
	Deaths. 23	10	+13	.35	.15	+ .20
Measles.....	Cases.. 788	1,382	—594	12.01	21.17	—9.16
	Deaths. 9	16	—7	1.65	.24	+1.41
Pneumonia (lobar).....	Cases.. 241	219	+22	3.67	3.35	+ .32
	Deaths. 79	71	+8	1.20	1.09	+ .11
Scarlet fever.....	Cases.. 329	338	—9	5.01	5.18	— .17
	Deaths. 4	4	—	.06	.06	—
Tuberculosis (pulmonary).....	Cases.. 190	180	+10	2.90	2.76	+ .14
	Deaths. 71	53	+18	1.08	.81	+ .27
Tuberculosis (other forms).....	Cases.. 36	38	—2	.55	.58	— .03
	Deaths. 10	16	—6	.15	.24	— .09
Typhoid fever.....	Cases.. 4	7	—3	.06	.11	— .05
	Deaths. 1	1	—	.015	.015	—
Whooping cough.....	Cases.. 360	153	+207	5.49	2.34	+3.15
	Deaths. 18	6	+12	.27	.09	+ .18

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



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1928  
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MONTHLY BULLETIN  
HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, JULY, 1926.

No. 7

CHANGE IN ENVIRONMENT.

The summer season is here and with it its many dangers to the health of both the baby and the adult. A baby's health, or life, may be saved in summer weather if we will but take advantage of many of the means that lie about us to properly safeguard the infant. Excessive heat, of course, is responsible in many ways, both directly and indirectly, for the summer toll of infants. Such possible consequences of heat may be avoided by adopting precautions that will protect the infant.

The grown-up who moves away to the beach or the country, whether for a short or long period, must bear in mind that he has changed his environment and there may be many things in that locality that are not conducive to health. Before making such a move these many things should be investigated, and this is equally true whether you are to rent a cottage or to live in a hotel.

For both baby and adult impure milk or polluted water are often the cause of illness and death.

Your cottage or your hotel should be provided with a pure water and milk supply similar in its purity to what you obtain at home. There is no benefit in the rest or recreation you secure if at the end of the season serious sickness develops as a result of im-

proper sanitary conditions in and about your summer abode. For the personal safety of everyone it is for his advantage to search well before choosing his summer recreation place. There are many danger spots, but to the credit of the New England states may it be said they are doing everything possible to improve the surroundings of many of the hotels and cottages within their confines.

The hot summer weather also is often attended with many deaths due to exposure or fatigue which might be avoided. During all periods of the year we should care for ourselves by proper living, but the rising temperature brings with it a condition to which often we do not try to adjust ourselves.

There are a few things that each individual should do for his personal welfare and for his personal good. Bathe often, dress lightly, avoid alcoholic beverages of all kinds, avoid excesses, eat sparingly of meat, encourage breast feeding in infants. Do not worry, overwork or overeat, overheat or exhaust yourself in any way. When the day is hot rest as much as possible in a cool place; get plenty of fresh air and sunshine but avoid prolonged exposure to the sun on hot days. Drink plenty of water, but abstain from ice water, especially when hot or exhausted.

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## MOSQUITOES.

The mosquito may act as a carrier of diseases such as malaria, yellow fever, dengue and filariasis, and in this section particularly malaria; where any of these diseases exist or threaten the mosquito may be looked to as the cause. In places where these diseases are not found, safety, comfort and property values should be the consideration for the eradication of the mosquito.

Mosquitoes breed and develop only in still or stagnant water and their presence in or near a house is indicative of a breeding place nearby. The malarial mosquito usually breeds at the margin of ditches and lakes, especially where reeds or other plant growth is found, as in swamps and low lands. The adult female mosquito of the *Anopheles* type is the carrier of malaria, inasmuch as it is the one that carries the infection in its bite, and while hidden in the daytime is in evidence at night. All mosquitoes do not carry infection; only the *Anopheles* that has already bitten an infected person carries the malaria organism.

In this regard we should aim towards the protection of the body from the mosquito and the elimination of his breeding place. Screening is most important in homes, hospitals and working places in districts where the mosquito is prevalent. Theoretically, of course, the most effectual way is to prevent the breeding and growth

of the mosquito, and draining, ditching and filling in must be resorted to and in some cases the banks of streams, ponds and ditches must be deepened and straightened, freed from plant growth and vegetation of any kind. Spraying with crude oil or kerosene may temporarily prevent the development of mosquitoes. Various poisonous and chemical substances may also be used to destroy the larvæ of the mosquito. Pools and streams may be supplied with small fish, such as goldfish, which eat the eggs of the mosquito and remove any possibility of their breeding, especially if the stream or pond is kept free from weeds and rank growth. This has been demonstrated to be very efficacious in the Barbadoes. Great success has attended the attempts to destroy mosquitoes on a large scale in the Panama Canal zone, Havana, Port Said, Hong Kong, Candia, Greece, Algeria and other countries.

Hundreds of these insects may breed in cisterns, open traps, blocked rain gutters, old tin cans, cesspools, and in fact any place, where water may collect and remain.

It is for us to take only ordinary precautions of cleanliness on our premises by the removal of such receptacles and the filling in of any stagnant pools where a mosquito may breed. Screen windows in the home and hospital. Appropriations should also be provided for municipal departments, to be used in the purchase of oil and labor for petrolizing purposes and also for draining and ditching when necessary.

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## THE SANITATION OF A SUMMER CAMP.

A summer camp is a device for seeking health and pleasure without modern conveniences. Campers are persons who, of their own volition, or through the enticement of others, revert to primitive modes of existence and ostensibly obtain enjoyment therefrom. Both place and persons then favor the development of irregularities, encourage more or less irresponsibility and the habits of the savage. In this there is no harm and often much good. However, one thing should not be forgotten in the arrangements. Allow the "animals" to break loose once more for the seasonal enjoyment, but by all means have the camp sanitary so that in their savagery they will do no harm.

For, be it remembered, that he who selects a suitable site, pitches his tent or builds his hut in a proper manner, examines his food and protects himself from his natural enemies is a wise camper indeed.

The camp site is important. Select high ground where the breezes blow and the drainage is good. Only a veritable amateur



will occupy the space where another camp has been, for the filth, the flies and the food remnants are probably still there. Seek another location. If you are not satisfied, move; you probably haven't leased the premises and you ought not to put up with faulty conditions.

The water supply should be pure. The source should be known and proved to be uncontaminated and if there is the slightest suspicion of the quality of the water it should not be used without boiling.

This is a practicable and easy method of rendering any water safe for consumption. A second method is by the use of bleaching powder. Add a teaspoonful of a good quality chloride of lime to one pint of water and keep in a well stoppered bottle. A teaspoonful of this solution should be placed in two gallons of the water to be treated and, after standing for thirty minutes, the water is absolutely safe for consumption.

Guard against insects of all varieties; many are not only tormenting but disease carriers as well. Screen the cabin, the tent, or the hut — even the most primitive people protect themselves in this manner. Flies frequently spoil an otherwise successful camping trip. Remember that they breed in manure and filth and that the camper himself is therefore often responsible for their presence. Make the handy man clean up and keep the grounds policed. A little borax added to the manure or filth inhibits the development of the larvæ and should be in every outfit. Watch the mosquitoes. They carry in their sting more than a temporary annoyance. See that the campfire conveys a little smudge at night. Oil the pools and screen the sleeping place if you have not forgotten to put a few yards of netting in your kit. Anoint yourself. There are really a few preparations which mosquitoes do not like. One is castor oil and pine tar, equal parts, and another is oil of citronella.

Dispose of all human and animal wastes in a proper manner. Burn whatever is destructible; bury deeply what you cannot burn and protect that which you cannot bury. If your site is more or less permanent handle garbage in properly covered cans and then incinerate. Just as tin cans have marked the pathways to the west, so they indicate camp sites for all time to come. They have no other usefulness except as breeding places for mosquitoes. Why not consign them to their grave while they are still in the heyday of existence? Do not permit the cook to scatter dish water indiscriminately about; it attracts flies, decomposes, and is otherwise objectionable. Fasten a sign to this effect upon the nearest tree, or if you have your courage with you emulate another and nail it to the kitchen door.

Provide a suitable toilet. Remember that soil pollution is one



of the great causes of disease in our country today. Do this then not alone for your own protection and convenience but for the welfare of others. The pail system may be used or a trench dug, utilizing dry earth or chloride of lime for covering. Be sure to protect it from insects by screening. When abandoned make it your business to see that it is not objectionable in any manner and of no danger to those who follow in your footsteps. Do not pollute the streams. That man should lessen the charm of the wayside brooks, the very voices which called him from afar, is inconceivable.

Be careful of the provender. Select only proper foodstuffs, those whose quality is known, and properly preserve them. Use the stream for cooling and that world-old device of lowering temperature by the evaporation of water. Secure ice if possible, keeping it in the camp refrigerator made by placing one box within another with hay between and care for all perishable food products in this manner. Do not forget that the news of your coming has been wafted abroad by innumerable winged and other malevolent insects and that they are gathering for a feast unheard of in all the days of their existence; therefore screen your food, hang it high and guard it zealously.

Interest yourself in your own welfare. Be moderate. Beware of the farmer's corn and cucumbers; eat sparingly of the concoctions to which you are unaccustomed, and glance at the well of boyhood days only with suspicion. Don't allow the weather or the children to annoy you, rest as well as you can, show the youngsters what a wonderful time you are having. Then when it is all over we'll get together again, tell of the fish we've caught and recite our numerous adventures and begin to plan for the season to come.

---

### COMMON SENSE RULES FOR HEALTH.

"Disease Germs." These little enemies of mankind are hovering about us almost everywhere, lying in wait, ready to plant themselves in some weak, poorly nourished or careless creature, whose physical apparatus is in a state of low resistance. Coming in contact with anyone in this state of poor health, the germ takes root, multiplies, gives off rapidly its poisons and soon grips the patient with perhaps a fatal disease. But if the germ is lodged in the well-nourished individual, whose resistance is stimulated by proper methods of living, it has as much chance of gaining foothold and thriving as the seed has planted among the rocks.

Breathe fresh air, not only in daytime but during the sleeping hours; not only in spring and summer but also in autumn and winter. The old adage still holds "Early to bed, early to rise, makes

a man healthy, wealthy and wise." Remember that fresh air is a splendid tonic. Inhale it whenever you can — you will not get too much — make good every opportunity, for time and sun wait for no man. Breathe through the nostrils and by so doing you will filter the dust-laden air before it is received into the tender lung cells. Breathe deeply in the open air and become accustomed to sudden changes of weather. Wet shoes and clothing should be removed as soon as possible. Children, especially, should not visit the thickly settled quarters of a city unless necessary.

Masticate well the food you eat, and thereby give the saliva an opportunity to carry out its complete function by thorough mixture with the food.

Luncheons carried to school or to work or elsewhere should be carefully wrapped, preferably in oiled paper, and should not be allowed to remain where dust accumulates. Simple but nourishing food should be taken. All meats should be well cooked before using, and milk, if there is any suspicion about its quality, should be boiled before drinking.

It is important in the prevention of all diseases to upbuild the body and the mind together. "A sound mind in a sound body." Overstudy and overwork tend to weaken the resistance of the body and due care must be exercised along these lines. All forms of recreation in the open air are commendable. Gymnastic exercises, as far as possible in the open, and all sports which tend to develop the constitution are excellent preventive measures in the battle against the microbe.

If your suspicion is aroused concerning a possible disease it is your first duty to summon your physician, not only to protect yourself but also to safeguard the public at large.

The sign of a card on a door denoting a communicable disease within does not mean that it is necessary to take the other side of the street or to avoid the family or friends of the unfortunate patient. The Health Department of your city does all in its power for your protection, and when you see the card denoting the presence of an infectious disease tacked on the front door of a house you know that the whole family is under the surveillance of your health authorities. They investigate and see to it that no outside contamination is spread.

If individuals would co-operate more closely with their local health officials, by securing compliance with their special regulations, less disease and misery would exist.

Nothing will help more to promote their laudable work than for each and every one to observe the simple, common sense rules which they prescribe.

# DIPHTHERIA CASES AND DEATHS, RESIDENTS AND NONRESIDENTS.

YEAR.	Total Cases.	Total Deaths.	Death Rate 100,000 Population.	Nonresident Cases.	Nonresident Deaths.†	Death Rate per 100,000 Population, Nonresidents Deducted.
1917.....	4,098	278	37.2	587	72	27.6
1918.....	2,832	217	29.0	567	67	20.1
1919.....	2,670	153	20.4	359	40	15.1
1920.....	2,010	140	18.6	351	48	12.2
1921.....	2,992	148	19.5	243	52	12.7
1922.....	2,992	143	18.7	310	38	13.7
1923.....	3,257	173	22.4	251	43	16.9
1924.....	2,521	168	21.6	319	50	15.2
1925.....	1,256	99	12.6	271	40	7.6
1926 ‡.....	524	36	* 9.1	70	17	* 4.8

\* Estimated rate.

† Included in total cases and deaths.

‡ First half of year.

YEAR.	Cases.	Deaths.	Fatality Rate per 1,000 Reportable Cases.	Fatality Rate with Non- residents Excluded.
1917.....	4,098	278	67.83	58.67
1918.....	2,832	217	76.62	66.22
1919.....	2,670	153	57.30	48.90
1920.....	2,010	140	69.65	55.45
1921.....	2,992	148	49.46	34.92
1922.....	2,992	143	47.79	39.15
1923.....	3,257	173	53.11	43.25
1924.....	2,521	168	66.64	53.59
1925.....	1,256	99	78.83	50.76
1926 ‡.....	1,048	72	* 68.70	* 41.85

\* Estimated: The deaths and fatality rate for year 1926 are based on figures for the first six months of the year.

† First half of year.

## FIVE-YEAR AVERAGES.

1861-65.....	111.0	1896-1900.....	70.7
1866-70.....	65.4	1901-05.....	38.7
1871-75.....	72.0	1906-10.....	26.4
1876-80.....	173.8	1911-15.....	21.3
1881-85.....	154.6	1916-20.....	26.1
1886-90.....	120.1	1921-25.....	19.9
1891-95.....	116.2		

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during June. In Massachusetts the statute law required a minimum of 12 per cent solids and 3.35 per cent of butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.40	3.76	15
Allen, Fred H.....	12.43	3.89	85
Antetomasso, Peter.....	12.63	3.93	14
Barron, Clarence W.....	13.55	4.63	9
Bergmann, John H.....	12.82	4.08	27
Bolio, William.....	13.11	4.24	25
Brandley, T. J., & P. J.....	12.41	3.87	18
Casey, James D.....	13.24	4.37	25
Cashin, James F.....	12.51	3.87	159
Cedar Hill Farms.....	13.24	4.43	12
Chapin, George H.....	12.29	3.85	13
Childs Brothers.....	12.35	3.71	77
Clapp, Frank L.....	13.66	4.50	
Clark, Levi.....	12.29	3.83	12
Converse, Marquis M.....	12.84	3.80	
Corkery, John H.....	12.33	3.74	167
Cosgrove, Martin S.....	12.65	3.93	64
Crowell, Raymond.....	12.86	3.82	362
Cummings, F. S., Company.....	12.18	3.71	19
Cunningham, Paul.....	13.10	4.30	16
Cusick, William H.....	12.68	3.90	18
Deerfoot Farm Milk Company.....	12.65	4.07	17
Denehy, Timothy.....	12.44	3.84	20
Driscoll, William B., Company.....	12.55	3.92	21
Duggan Brothers.....	12.73	3.88	17
Edgerly, Frank S.....	12.38	3.95	34
Elm Spring Farm Milk Company.....	12.38	3.81	62
English, J., & Son.....	13.11	4.29	43
Ferguson, Malcolm D.....	12.88	4.00	20
Furbush, Almon J.....	13.91	4.89	59
Garfield, Mason.....	14.14	4.65	9
Garvin, C. E.....	14.24	5.80	6
Giroux, J. E., & H. J.....	12.46	3.68	18
Greenblatt, Benjamin R.....	12.41	3.65	269



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Griffin, J. L.....	12.72	3.81	15
Gushee, Chester W.....	12.65	3.87	82
Hagar, J. M., & Son, Inc.....	12.48	3.83	20
Herlihy Brothers, Inc.....	12.67	3.98	39
Hickey, Martin J.....	12.27	3.77	33
Holden, John E.....	12.38	3.80	63
Hood, H. P., & Sons, Inc.....	12.35	3.80	87
Hutchinson, Frank T.....	12.51	3.90	13
Jones, William T., Company.....	12.69	3.98	177
Kendall Brothers Company.....	12.23	3.58	240
Kingston, Samuel.....	13.44	4.46	13
Klawe & Freeman.....	12.71	3.88	227
Knapp, George J.....	12.61	3.73	33
Lang Brothers.....	12.45	3.84	43
Larson, Charles.....	12.81	4.03	17
Lincoln Farms, Inc.....	13.36	4.75	20
Lyndonville Creamery.....	12.95	4.12	110
Manning, Peter.....	12.18	3.66	19
Maple Farm Milk Company.....	12.33	3.68	32
McAdams, John F.....	12.93	4.18	22
McKernan, John.....	12.70	4.04	18
Millwood Farms, Inc.....	12.33	3.85	18
Munchbach George.....	12.35	3.96	68
Newton & Pope.....	12.69	4.13	57
Noble, William F., & Sons.....	12.67	3.98	14
Robinson, Albert J.....	12.73	3.96	34
Robinson, J. A.....	12.34	3.88	50
Runkle, J. C.....	13.66	4.68	24
Schuster, Adam.....	12.75	3.88	20
Seven Oaks Dairy Company.....	12.40	3.83	31
Shick, Jacob.....	12.33	3.62	39
Shopnick, Louis.....	12.55	3.83	23
Somerset Farms.....	13.01	4.33	8
Sterling Farms Milk Company.....	12.46	3.53	18
Stone, Howard L.....	12.32	3.75	47
Stuart, Wallis E.....	12.52	3.93	17
Sullivan, J. L.....	12.79	3.74	57
Swett, Warren.....	12.35	3.58	24
Turner Centre System, Inc.....	12.59	3.93	40

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousand in One Cubic Centimeter.
	Per Cent.	Per Cent.	
United Farmers' Co-Operative Creamery Company.....	12.84	4.15	16
Vartanian, Kazar.....	12.55	4.00	13
Walker-Gordon Laboratory Company.....	12.82	4.23	9
Ware, George H.....	12.50	3.70	21
Weiler, E., & Sons.....	12.58	3.90	81
Werner, F., & Co.....	12.11	3.65	53
Westwood Farm Milk Company.....	12.40	3.80	17
White Brothers.....	12.85	4.11	20
Whiting Milk Company.....	12.61	3.86	51
Whittimore, Warner D.....	12.37	3.83	20
Wiswall, Granville A.....	12.30	3.80	30
Woodland, Charles L.....	12.25	3.73	85

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Son, Inc.....	12.33	3.83	25
The Cloverdale Company.....	Turner Centre System, Inc.,	12.49	3.85	28
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.77	4.20	46
Economy Grocery Stores Com- pany.	Whiting Milk Companies...	12.41	3.83	42
The Ginter Company.....	Ginter Company.....	12.78	4.20	14
Morgan Brothers Company....	Morgan Brothers Company,	12.80	4.08	23
O'Keeffe's, Inc.....	Bellows Falls Co-operative Creamery Company.	12.87	4.23	23
M. Winter & Co.....	Hyman Winer.....	12.35	3.63	40

### SAFETY OF PASTEURIZED MILK.

Proof of pasteurization in rendering milk safe for human consumption is given in the Hygiene Bulletin No. 42 of the United States Government:

"The tubercle bacillus loses its virulence and infective power when heated in milk at 140 degrees Fahrenheit for 20 minutes; in other words, it may be considered dead.

"The typhoid bacillus when heated for 20 minutes at 140 degrees Fahrenheit is killed; the great majority of these organisms are killed by the time the temperature reaches 138 Fahrenheit, and few survive to 140 degrees.

"A temperature of 140 degrees Fahrenheit for 20 minutes is sufficient to destroy the virus of scarlet fever, streptococci and other pathogenic organisms.

"Milk heated to 140 degrees Fahrenheit and maintained at that temperature for 20 minutes may be considered safe, so far as conveying infection with any of these organisms is concerned."

The United States Bureau of Animal Industry estimates that at least 20 to 30 per cent of the dairy cows in our country are affected with tuberculosis, and these figures will vary for different parts of the country. In some localities the percentage is very much lower, being from 1 to 10 per cent.

The results of individual investigators, as well as the British Royal Commission on Tuberculosis and of the German Commission, show that whereas pulmonary tuberculosis is practically always human in type, there is a considerable percentage of bone, joint, abdominal and lymph gland tuberculosis which is bovine in origin. Park and Krumweide of the New York Board of Health, after collating the results of foreign and American investigation, declare a very high percentage of abdominal tuberculosis and cervical lymphadenitis is due to the bovine bacillus. The percentage of children infected varies with different observers because of the different localities and conditions under which they worked, but Orth says 10 per cent of all tuberculosis of children is due to bovine infection.

An English observer says, "not less than 25 per cent of tuberculous children under five years of age suffer from an infection of bovine origin"; while Rosenau states "one fifth to one fourth of all cases of tuberculosis in infants and children are associated with the bovine bacillus.

In Park and Krumweide's series of 1,511 cases of human and bovine infection, 12.5 per cent of the fatal cases under five years of age were bovine in origin. The cases show a high percentage of abdominal tuberculosis and tubercular cervical lymphadenitis due to the bovine bacillus.

The occurrence of the bovine type has been most easily and advantageously studied in infected cervical glands. Mitchell of Edinburgh, after studying seventy-two such cases, found sixty-five cases yielding bovine and only seven yielding the human type — 88 per cent of the children two years and under had been fed on cow's milk. Frasur, in the same city, in 100 cases of bone tuberculosis found 62 per cent bovine and 85 per cent human, while 3 per cent yielded both types.

Melcher studied the method of infection in eighty consecutive cases of tubercular cervical lymphadenitis, and found 88 per cent bovine in origin and 12 per cent human in origin. All of these

children were under 12 years of age, and 84 per cent of those under two years of age had been fed on raw cow's milk. He concludes that the infection came from the cow's milk.

A. Stanley Griffith, in a study of cervical gland tuberculosis, showed that the proportion of bovine infections was greater in children under five years of age; namely, that 90 per cent of such infections occurred under that age.

A. Phillip Mitchell, having previously studied the frequency of bovine tuberculosis in glandular tuberculosis in the children of Edinburgh, reports that on the bacteriological examination of 406 samples of milk collected from as many shops — there were eighty-two, or 20 per cent, found to contain the tubercle bacilli. This milk was raw, from cattle not tested for tuberculosis.

It is most unfortunate that some physicians and some health officers in the State of Indiana still cling to the belief that tuberculosis cannot be transmitted to children and babies through milk from tuberculous cows and that these same physicians and health officers oppose the pasteurization of milk under the mistaken idea that pasteurization destroys or changes in some way the nutritive properties of milk. The health officer who still clings to this old fossilized and discredited belief, in spite of the facts abundantly demonstrated by scientific study, constitutes a positive menace to public health in his community and the more so because he is for the time being the official guardian of public health.

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## THE WIND BLOWING INTO A JUG.

A friend of mine has told me that one of the biggest thrills of his young life was afforded by a weird, unearthly sound which was heard on certain occasions. It was a hollow, mysterious moan, which came and went, now loud, now low, a resonant wail tuned to make the prickles chase themselves up and down the spine of the young boy when he went to the smokehouse where only the sound was heard. Many were the hurried retreats from the dark interior when the medley of whines and moans tuned in; countless the wide-eyed dashes into the safe retreats of the kitchen; and many the amazing alibis offered when mother asked why the rush. After much fuss and furor it was at last determined that it was only the wind blowing into an empty jug — the idle wind blowing into an empty "no-count" jug.

"The world is rapidly going to the dogs; we are on the verge of another war; the government can never redeem its Liberty bonds; our air craft consists of a dozen or so antiquated planes; our navy



is made of pasteboard; indeed, the old grey mare ain't what she used to be." So at least we are told. But listen, my children. That sound that you heard may be only the idle wind blowing into a jug — an empty jug.

"The young people of the day are a bad lot; they Charleston and dance the night long" — as if anyone could do such a thing! "They are a bunch of lounge lizards and flappers idling away their time" — this in spite of the fact that far more of them are going to college than ever before — and working their way! "The boys are a bunch of cake eaters these days" — even if they do set new athletic records in every sport almost yearly! "The girls are luxury-loving and worthless" — though more girls than ever before are holding a job and paying their way! Bunk, pure unadulterated bunk, a foot thick and a yard wide! Wind blowing into an empty jug — or more accurately, the wind blowing out of a jug — an empty jug!

"Apples don't taste as sweet as they used to" — though great improvement has been made, the horticulturists tell us! "You can't get a good suit of clothes like they used to make" — though wool still comes from sheep — as a matter of fact the suit I have on this moment is the sturdiest piece of cloth I have ever seen. "A fellow don't have a chance like he used to, what with the keen competition" — but just two days ago a nineteen-year-old girl from Kansas City set musical New York on its ear! "The schools don't amount to anything any more" — and yet how much more the kids know now-a-days than they used to, and how the parents would kick if their children had to go to the little red schoolhouse, drink from an open pail with a common tin cup, etc.! "Children didn't have bad tonsils and adenoids and bad teeth then as they do now" — just look at an old school picture and see if half the mouths weren't hanging open catching flies, and try to remember when folks used to have a mouth full of rotten teeth at thirty-five. "Young folks don't have a good time like we used to" — as if young folks do not always have a good time. They have their "petting parties" just as their parents had the "kissing games" and it is hard to tell which is worse — or should I say better? "The days of real sport are gone forever." Jeremiah arises and weeps. Cicero wails, "O times, O customs." More jug music!

Now, a jug is a vessel with a gaping mouth and a fixed and limited capacity. Do you know him? When the wind blows from a certain direction he sets up a wailing, monotonous tone, and the less there is in him the more noise he makes. One jug whines in the key of "C," another in "F" — it depends upon the size of the jug and the width of the mouth — but I am assured by musicians that the result is always a minor theme. Some wail on the subject of

taxes, others on the tendencies of the times, the horrors of vivisection, or what not. It really matters not, however — only small boys are frightened by the idle wind blowing into a “no-count” jug.

It is true enough that not everything is as it should be in the wide old world. Though not all people are going to perdition, some of them most certainly are doing so, as indeed they have always done, and a real effort should be made to save them. The highly idealistic government for and by the people is still under trial and is very far from being perfect. Society is greatly in need of readjustment and all sorts of intricate problems beset us; but let's be an organ pipe and get into the *ensemble*, rather than an empty jug doing a solo.

“The stage is degenerate! literature commercialized! music debased to jazz! We are more concerned in making soap ad displays for pay than in painting saints for posterity! Religion is perfunctory and sterile! Patriotism is a lost sentiment.” At least so His Jugship says! As a matter of fact we still have to expurge Shakespeare before we can put him on our modern stage! Never was there so much good music heard, what with the omnipresent phonograph, radios, packed concert halls, and courses in musical appreciation in the schools! No modern author has more assiduously sought wealth by writing countless books than did Sir Walter Scott! The pictures and decorations adorning our beautiful homes are far more artistic than the horrors and what-nots “decorating” the mid-Victorian home, and it's a cinch that some of the old masters couldn't come up to the standards set by Procter & Gamble advertisements. Never were so many Christian and philanthropic enterprises supported by church people! and the youth of days of the Great War were just as ready to tread the paths of glory as they were in days of yore!

“Mothers can't nurse their babies any more” — yet the infantile death rate is no more than one fifth what it used to be. “Women didn't have to go to hospitals to have their babies then and they got along just as well” — oh no! the real truth is that many more of them died then. “Children didn't have to have a doctor every whipstitch” — yes, — and a lot of them died needlessly and a lot more have heart and kidney and arterial and lung disease now because they didn't have proper medical care then. The young people of

bygone days were not above a prank now and then, if one may believe the stories told at Old Settlers' Day, and just between us girls I think some of it was pretty rough stuff — crude, unmannerly and vulgar.

You know there was a deuce of a fuss when men bobbed their hair just as there is now that the girls have done it. Whereas one can now see ten times as much feminine hose on the streets as in ye olden days, it's dollars to doughnuts that the nether extremities of the human female were as much in the minds of men then as now — and that's the real point. Thoughts provoked by a trim ankle can be just as worldly as those stimulated by a dimpled knee, and it is indeed very doubtful if the busy, vigorous, athletic girl of today thinks as much about sex in a week as did her ancestor in a day. Is a slender, natural figure as vulgar as a padded one with artificial breasts and a bustle? Is a boyish bob as improper as a bunch of "rats" and "switches" made of dead hair or bought at the hair store? Is the frank discussion about sex truths half so dangerous as the whispered inuendoes and hints, the prudish ignorance, the mock modesty of the past? His Jugship thinks so.

But you can't change a jug. His resonator is of a definite size and that settles it. Poor little rock-ribbed jug sitting out beside the smokehouse in the wind! Poor little boy who was worried and frightened by its empty wail!

(Dr. T. B. RICE in *Indiana Health Bulletin*.)

### THE RIGHTS OF PROPERTY HOLDERS

**"We think that it is a settled principle, growing out of the nature of well-ordered civic society, that every holder of property, however absolute and unqualified may be his title, holds it under the implied liability that his use of it may be so regulated that it shall not be injurious to the equal enjoyment of others having an equal right to the enjoyment of their property nor injurious to the rights of the community."— Massachusetts Supreme Court.**

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING JUNE, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	2	5.00
Seven days or less.....	4	10.00
Eight to fourteen days, inclusive.....	2	5.00
Fifteen to twenty-one days, inclusive.....	1	2.50
Twenty-two to thirty-one days, inclusive.....	1	2.50
WITHIN FIRST MONTH. (Total).....	10	25.00
Within second month.....	4	10.00
Within third month.....	3	7.50
Within fourth month.....	3	7.50
Within fifth month.....	—	—
Within sixth month.....	2	5.00
Within seventh month.....	3	7.50
Within eighth month.....	—	—
Within ninth month.....	—	—
Within tenth month.....	—	—
Within eleventh month.....	—	—
Within twelfth month.....	2	5.00
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	27	67.50
Within second year.....	6	15.00
Within third year.....	2	5.00
More than three years.....	5	12.50
Grand totals.....	40	100.00

## **SUMMARY OF THE WORK, JUNE, 1926.**

### **BUREAU OF ADMINISTRATION.**

	June.		June.
Prosecutions ordered . . . . .	12	Personnel:	
Legal notices . . . . .	97	Appointments, permanent . . . . .	5
Lying-in Hospitals approved . . . . .	2	Appointments, temporary . . . . .	5
Contract awarded . . . . .	—	Services discontinued . . . . .	4
Stable hearings . . . . .	2		

### **LICENSES, PERMITS, ETC., ISSUED.**

	June.		June.
Beverages . . . . .	1	Hen license rejected . . . . .	1
Burial permits . . . . .	973	Manicure-massage . . . . .	761
Denatured alcohol . . . . .	19	Milk . . . . .	1,015
Dump approved . . . . .	1	Milk license revoked . . . . .	1
Grease . . . . .	2	Pedlers . . . . .	156
Garbage . . . . .	2	Stable permit extended pro-	
Manure . . . . .	1	visionally . . . . .	1
Hen licenses . . . . .	74	Stable permits refused . . . . .	2
Hen license revoked . . . . .	1	Undertakers . . . . .	2



## MEDICAL DIVISION.

	June.		June.
Visits:		Medical inspectors' activities:	
By medical inspectors . . . . .	1,931	Schick tests . . . . .	85
By veterinarian . . . . .	151	Schick readings . . . . .	115
By investigators . . . . .	261	Toxin-antitoxin injections . . . . .	549
Cases brought to Boston for		Vaccinations . . . . .	643
treatment . . . . .	96	Deaths investigated . . . . .	24
		Vaccination certificates . . . . .	419

## NURSING SERVICE.

### MEDICAL AND CHILD HYGIENE DIVISIONS.

	June.
Homes visited . . . . .	<u>11,650</u>
Total number of new cases visited . . . . .	2,497
Total number of old cases visited . . . . .	<u>11,093</u>
Total number of new and old cases visited . . . . .	<u>13,590</u>
Wrong address . . . . .	158
Not seen . . . . .	1,403
Baby and pre-school visits . . . . .	8,160
Communicable disease visits * . . . . .	<u>3,869</u>
	<u>13,590</u>
Infant death investigations (inclusive in homes visited) . . . . .	44
Maternal death investigations (inclusive in homes visited) . . . . .	0
Patients accompanied to hospital . . . . .	0
Other special visits . . . . .	11
Nurses' visits to day nurseries . . . . .	<u>32</u>
Total number of all visits . . . . .	<u><u>13,677</u></u>

## HEALTH UNITS.

	June.
MISCELLANEOUS UNIT ACTIVITIES:	
Complaint of insanitary conditions . . . . .	13
Number of persons given health and other information . . . . .	350
City visitors . . . . .	20
Out of city visitors . . . . .	26
DENTAL SERVICE:	
Number of operations . . . . .	2,071
Number of dismissals . . . . .	466
Number of children treated . . . . .	1,056
Prophylaxis . . . . .	252
EYE SERVICE:	
New cases . . . . .	24
Number of refractions . . . . .	49
Number examined for diagnosis . . . . .	14
Number glasses prescribed . . . . .	7
NOSE AND THROAT SERVICE:	
Number of clinics . . . . .	4
Number of children examined . . . . .	135
Number of operations advised . . . . .	36

\* Includes 240 Ophthalmia visits.

Number of hours spent in station by nurses, 1,508; number of hours spent in conferences, 1,471, includes time given to child health conferences, vaccinations and diphtheria immunizations at stations.

## MEDICAL DIVISION OF HEALTH DEPARTMENT:\*

## Work performed by medical inspector:

Visits made by medical inspectors in the district . . . . .	161
Vaccinations performed by medical inspectors . . . . .	139
Number of vaccination certificates issued . . . . .	134
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	72
Number of children examined for day nurseries . . . . .	197

## Nurses' visits:†

Communicable disease visits by nurses in district . . . . .	554
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## CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡

Number of child health conferences . . . . .	15
Total attendance at child health conferences . . . . .	772
New babies at conferences . . . . .	97
Number of pre-school conferences . . . . .	109
Home visits to babies and pre-school children . . . . .	1,715
Infant deaths investigation visits . . . . .	2
Special visits . . . . .	2
Number of posture classes . . . . .	26
Attendance at posture classes . . . . .	497
Number of cooking classes . . . . .	5
Attendance at cooking classes . . . . .	150

## BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	1,115
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## BOSTON LYING-IN HOSPITAL:

## Pre-natal Clinic:

Number of clinics . . . . .	5
Attendance . . . . .	86

## COMMUNITY HEALTH ASSOCIATION:

## General Division:

Home visits by nurses . . . . .	2,760
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## BOSTON DISPENSARY:

Calls by district physician . . . . .	15
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## STATE DEPARTMENT OF MENTAL DISEASES:

Number of clinics . . . . .	7
Attendance at clinics . . . . .	38
Visits of workers . . . . .	59
New cases . . . . .	1
American Red Cross, number of classes . . . . .	5
Attendance at classes . . . . .	150

MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,  
JUNE, 1926.

## SYPHILIS.

Under investigation . . . . .	24
New cases during . . . . .	20
Total . . . . .	44

\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

#### DISPOSITION OF CASES.

Placed under treatment . . . . .	7
Unable to locate . . . . .	9
False address given . . . . .	2
Further treatment unnecessary . . . . .	1
Under investigation . . . . .	25
Total . . . . .	<u>44</u>
New cases reported by number . . . . .	<u>70</u>

#### GONORRHEA.

Under investigation . . . . .	55
New cases during . . . . .	56
Total . . . . .	<u>111</u>

#### DISPOSITION OF CASES.

Placed under treatment . . . . .	20
Unable to locate . . . . .	13
False address given . . . . .	12
Under investigation . . . . .	66
Total . . . . .	<u>111</u>
New cases reported by number . . . . .	<u>201</u>

#### SUMMARY.

Cases under investigation . . . . .	79
New cases during . . . . .	76
Total . . . . .	<u>155</u>

#### DISPOSITION OF CASES.

Placed under treatment . . . . .	27
Unable to locate . . . . .	22
False address given . . . . .	14
Further treatment unnecessary . . . . .	1
Under investigation . . . . .	91
Total . . . . .	<u>155</u>
Visits by investigator and nurse . . . . .	<u>277</u>

#### VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation . . . . .	5
New cases . . . . .	0
Total . . . . .	<u>5</u>

#### DISPOSITION OF CASES.

Under treatment . . . . .	1
Under investigation . . . . .	1
Treatment unnecessary . . . . .	2
Unable to locate . . . . .	1
Total . . . . .	<u>5</u>

# CHILD HYGIENE DIVISION.

## CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school Cases.	Total Attendance.	Number of New Babies.	Number of New Pre-school Children.	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	171	11	182	41	4	45	5	36
31 Lincoln street.....	53	7	60	15	3	18	3	20
CHARLESTOWN.								
Charlestown Municipal Building.....	352	18	370	57	10	67	9	41
DORCHESTER.								
Codman Square Library Building....	484	36	520	122	19	141	6	87
Columbia Road Municipal Building..	576	6	582	92	4	96	9	65
7 Gordon place.....	228	11	239	35	4	39	5	48
EAST BOSTON.								
16 Chelsea street.....	155	60	215	29	29	58	4	53
406 Meridian street.....	216	19	235	48	9	57	5	47
177 Webster street.....	127	54	181	39	23	62	5	36
HYDE PARK.								
Hyde Park Municipal Building.....	178	26	204	35	7	42	4	51
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	208	28	236	45	12	57	5	47
NORTH END.								
41 North Margin street.....	204	94	298	51	26	77	8	37
ROSLINDALE.								
Roslindale Municipal Building.....	188	22	210	37	6	43	4	53
ROXBURY.								
Beth Israel Hospital.....	147	7	154	23	4	27	3	51
Children's Hospital.....	148	3	151	23	0	23	5	30
1049 Columbus avenue.....	267	46	313	58	27	85	8	39
Vine Street Municipal Building.....	276	23	299	64	11	75	4	75
SOUTH BOSTON.								
140 Dorchester street.....	290	58	348	85	39	124	8	44
SOUTH END.								
70 Emerald street.....	149	35	184	19	6	25	5	37
640 Harrison avenue.....	124	46	170	10	14	24	4	43
46 Lovering street.....	73	11	84	9	2	11	3	28
Shawmut Avenue Municipal Building,	151	4	155	16	3	19	5	31
122 Tyler street.....	81	32	113	11	12	23	5	23
WEST END.								
17 Blossom street.....	342	86	428	51	6	57	7	61
Totals.....	5,188	743	5,931	1,015	280	1,295	129	



# FOOD INSPECTION DIVISION.

## MARKET, STORE AND RESTAURANT SERVICE.

	June.
Stores and bakeries inspected . . . . .	4,361
Sanitary defects remedied . . . . .	84
Complaints at office . . . . .	29
Referred to Sanitary Division . . . . .	10
Notices to abate nuisances . . . . .	88
Court cases . . . . .	4
Convictions . . . . .	4
Fines . . . . .	\$200
Applications for pedlers' licenses approved . . . . .	157
Vehicles inspected and approved . . . . .	677

### Laboratory Examinations:

Bacteriological . . . . .	2
Chemical . . . . .	7

### CONDEMNATIONS.

<b>Meats:</b>		Oranges . . . . .	½ bushel
Bacon . . . . .	25 pounds	Oranges . . . . .	1 dozen
Beef . . . . .	13 pounds	Strawberries . . . . .	8 crates
Fowl . . . . .	38 pounds	Strawberries . . . . .	65 quarts
Ham . . . . .	4 pounds	<b>Vegetables:</b>	
Lamb . . . . .	3 pounds	Asparagus . . . . .	52 bushels
Livers . . . . .	8	Beans . . . . .	21 pounds
Plucks . . . . .	29	Beans . . . . .	3 baskets
Pork . . . . .	469 pounds	Cabbage . . . . .	1 bushel
Poultry . . . . .	40 pounds	Lettuce . . . . .	1 crate
Shinbones . . . . .	20 pounds	Lettuce . . . . .	70 heads
Sweetbreads . . . . .	45 pounds	Lettuce . . . . .	24,320 pounds
Tongues . . . . .	6	Tomatoes . . . . .	7 baskets
Veal . . . . .	67 pounds	Tomatoes . . . . .	10 cans
<b>Fish:</b>		Tomatoes . . . . .	155 pounds
Herring . . . . .	2 kegs	<b>Miscellaneous:</b>	
Miscellaneous . . . . .	½ barrel	Cake . . . . .	9½ packages
Sardines . . . . .	3½ pounds	Crackers . . . . .	14 boxes
Shrimp . . . . .	42 cans	Cream cheese . . . . .	40
<b>Fruit:</b>		Condensed milk . . . . .	144 cans
Apples . . . . .	1½ bushels	Evaporated milk . . . . .	48 cans
Bananas . . . . .	½ dozen	Hominy . . . . .	10 pkgs
Cherries . . . . .	8 boxes	Tonic . . . . .	192 bottles
Grapefruit . . . . .	8	Walnuts . . . . .	60 pounds
Melons . . . . .	365		

## LIVE STOCK INSPECTION (Brighton Abattoir).

	June.		June.
Cattle inspected . . . . .	186	Parts condemned (lbs.) . . . . .	545
Calves inspected . . . . .	1,482	Animals condemned . . . . .	6
Swine inspected . . . . .	3,544		

## DAIRY DIVISION.

	June.		June.
Total inspection . . . . .	1,151	Total cattle inspected . . . . .	9,072
Dairies inspected . . . . .	663	Inspections of milk plants and	
Scoring above 50* . . . . .	532	licensed dealers . . . . .	286
Scoring below . . . . .	131	Bacteriological examinations . . . . .	25
With milk rooms . . . . .	514	Country creamery inspections . . . . .	11
Without milk rooms . . . . .	149	Sediment tests . . . . .	112
Inactive . . . . .	30		

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

	June.
<b>CHEMICAL:</b>	
Milk from wagons . . . . .	306
Milk from stores . . . . .	972
Milk brought by citizens . . . . .	1
Vinegar . . . . .	83
Butter and cheese . . . . .	2
Ice cream . . . . .	15
Tonics . . . . .	1
Liquor . . . . .	2
Sausage . . . . .	3
<b>BACTERIOLOGICAL:</b>	
Milk . . . . .	651
Ice cream . . . . .	76
Court cases . . . . .	7
Fines . . . . .	\$110

## SANITARY INSPECTION.

	June.		June.
Original inspections . . . . .	2,520	Legal notices served . . . . .	64
New reports . . . . .	2,639	Complaints investigated . . . . .	720
Reinspections . . . . .	9,017	Court cases authorized . . . . .	6

## BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	592
Tuberculosis . . . . .	224
Typhoid . . . . .	32
Gonorrhea . . . . .	700
Gonorrheal ophthalmia . . . . .	66
Syphilis . . . . .	1,279
Other examinations * . . . . .	34
Bacteriological examinations of milk . . . . .	651
Bacteriological examinations of ice cream . . . . .	86

\* Malaria, 2; tests for virulence, 1; genito-urinary tuberculosis, 18; paratyphoids, 2; smear for organisms, 1; cheese, 7; macaroni for enteritis, 1; smear from eye, 1; pus from tooth, 1; blood cultures, 2; smear for Vincent's angina, 1; dog's head for rabies, 2; dark field examinations, 2.

# VITAL STATISTICS, JUNE, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING JUNE,  
1926, WITH COMPARATIVE FIGURES FOR JUNE, 1926.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	773	843	—70	11.78	12.92	—1.14
Nonresidents deducted.....	612	704	—92	9.33	10.79	—1.46
BY AGE:						
Under one year.....	108	107	+1	1.65	1.64	+ .015
One year to four years, inclusive.....	38	42	—4	.58	.64	— .06
Sixty years and over.....	305	320	—15	4.65	4.90	— .25
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	43	61	—18	.65	.93	— .28
Arteriosclerosis.....	17	26	—9	.26	.40	— .14
Heart disease.....	150	143	+7	2.29	2.19	+ .10
Nephritis, chronic.....	51	43	+8	.78	.66	+ .12
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,823	1,703	+120	27.79	26.09	+1.70
b. Registered stillbirths.....	59	48	+11	.90	.73	+ .17
Stillbirths per 1,000 births and stillbirths.....				31.35	27.41	+3.94
c. Deaths of mothers from causes incident to childbirth.....	6	8	—2	.09	.12	— .03
Deaths of mothers per 1,000 births and stillbirths.....				3.18	4.57	—1.39
Deaths of children in first year of life....	108	107	+1	1.65	1.64	+ .015
Deaths in first year per 1,000 live births,.....				59.24	62.83	—3.59
VIOLENCE:						
Accidents.....	39	75	—36	.59	1.15	— .56
Homicides.....	1	2	—1	.015	.03	— .015
Suicides.....	6	3	+3	.09	.04	+ .05
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	11	13	—2	.17	.20	— .03
Broncho-pneumonia.....	35	40	—5	.53	.61	— .08
Cancer.....	83	82	+1	1.26	1.26	—
Cirrhosis of the liver.....	3	9	—6	.04	.14	— .10
Diabetes mellitus.....	24	18	+6	.36	.27	+ .09
Diarrheal diseases, children under two years of age.....	13	11	+2	.20	.17	+ .03

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, JUNE, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
Communicable Diseases:						
Anterior poliomyelitis.....	Cases.. 1	—	+1	.015	—	+ .015
	Deaths.. 1	2	—1	.015	.03	— .015
Cerebrospinal meningitis.....	Cases.. 3	5	—2	.04	.08	— .04
	Deaths.. 1	—	+1	.015	—	+ .015
Diphtheria.....	Cases.. 77	102	—25	1.17	1.56	— .39
	Deaths.. 2	6	—4	.03	.09	— .06
Influenza.....	Cases.. 6	8	—2	.09	.12	— .03
	Deaths.. 2	2	—	.03	.03	—
Measles.....	Cases.. 385	637	—252	5.87	9.76	—3.89
	Deaths.. 3	8	—5	.04	.12	— .08
Pneumonia (lobar).....	Cases.. 101	71	+30	1.54	1.09	+ .45
	Deaths.. 22	22	—	.33	.34	— .01
Scarlet fever.....	Cases.. 230	156	+74	3.51	2.39	+1.12
	Deaths.. 7	3	+4	.11	.04	+ .07
Tuberculosis (pulmonary).....	Cases.. 151	174	—23	2.30	2.67	— .37
	Deaths.. 43	63	—20	.65	.96	+ .31
Tuberculosis (other forms).....	Cases.. 47	38	+9	.72	.58	+ .14
	Deaths.. 9	10	—1	.14	.15	— .01
Typhoid fever.....	Cases.. 10	14	—4	.15	.21	— .06
	Deaths.. —	2	—2	—	.03	— .03
Whooping cough.....	Cases.. 229	129	+100	3.49	1.98	+1.51
	Deaths.. 4	6	—2	.06	.09	— .03

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rate of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



Stat.  
3761

MONTHLY BULLETIN  
HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, AUGUST, 1926.

No. 8

YOUR CHILD'S HEALTH.

Individuals possessing a proper and sound interest in child health conservation will find, upon turning back the pages of history thousands of years, that the wise men of Greece and Rome placed a sufficient emphasis upon the value of the healthy child as a necessary and determining factor in future national safety. Greece, by the programs it developed, properly and freely acknowledged that body building was the concern of the state and fine physical development of the human body was dependent upon exercise, diet and personal hygiene.

There is, of course, a considerable contrast between the Spartan days, where the state decided whether or not a child might be permitted to live, to the modern program of employing every recognized effort to build up a defective youngster physically and mentally in order to make of him a useful citizen.

Personal hygiene and public sanitation received a setback during the middle ages, which may be properly classified as the Dark Age, in so far as progress in public health was concerned. It appeared to be the opinion at that time that Rome and Greece had developed too much self-consciousness, and too much individual devotion to one's physical being, this, by some thinkers, being held responsible for the decay of these great nations — an erroneous theory

resulting in the swinging of the pendulum backward to the habit of meager nourishment and poor dress.

The great awakening of the value of public health program of consequence may be said to date back a little over seventy-five years. Emphasis was laid upon sanitation of environment, which included purer water supply, more adequate sewage disposal, better housing, removal of nuisances, etc.

This was followed by a better understanding of the bacteriological causes of many diseases and the opening up of a new field of thought, with the immortal Pasteur blazing the way to a sounder appreciation of the causes of disease and how it may be better controlled.

From all this there developed an era of prevention of disease, which in this modern day is making much headway.

Because of this progress, it is pertinent to bring out the fact that the expectation of life, which is about fifty-eight years at the present time, has doubled in the last hundred years, and that the application of the sound principles of hygiene advocated at the present moment may reasonably be expected to add ten years or more to the present span of life, fulfilling the Biblical allotment of three score years and ten.

Much of this increased span of life has been due to sounder knowledge of methods which may serve to save the lives of babies and younger children. Unfortunately, there are still many opportunities for child health conservation of which parents are not taking advantage.

### **Life-Saving.**

The first step in a constructive program of infant life-saving must stress sufficient importance on prenatal service. We cannot be content that conditions are satisfactory when we find about 175,000 babies dying during the first month of life, and with an annual mortality of 20,000 mothers during childbirth.

Prenatal service, which endeavors to teach the expectant mother the hygiene of pregnancy, what she shall eat, what she shall wear, how much exercise she may safely take, as well as adequately safeguarding her against other dangerous phases in connection with pregnancy, will result in a lower maternal and infant mortality, with a smaller amount of difficult labors, and fewer defective children. Proper emphasis should be placed on breast feeding, better and pasteurized milk, simpler diets, and purer water.

### **Communicable Disease Control.**

Splendid opportunities for betterment exists in the fertile field of communicable disease. The so-called accepted diseases of child-

hood, among which may be listed measles, chickenpox, mumps, whooping cough, diphtheria and scarlet fever, should no longer be regarded as routine necessities of early childhood.

Mothers must be taught to appreciate the serious complications which accompany *measles*, a particularly dangerous disease in a child under two years of age. It is important that this illness be postponed so far as humanly possible until the child is more mature, and the danger from the complicating pneumonia less than in very early life.

*Whooping cough*, too, is frequently complicated by pneumonia and convulsions, creating a most dangerous condition. Mothers should be particularly urged to regard this as a very dangerous illness, and should make every endeavor to protect their children from exposure, and they owe it to the community not to expose other children when their own have contracted this disease.

Experimental work is now being done by the vaccine, with a hope that it may play an important part in the future in a control or amelioration of the disease. *Smallpox* may be banished by universal vaccination at a very early age.

### Diphtheria.

This is one of the most dreaded diseases of childhood, and is responsible for many deaths. Up to the minute knowledge is teaching us that this disease can be completely eliminated by the application of the accepted preventive, namely, the administration of toxin-antitoxin. In every community where this treatment has been administered, diphtheria has been materially reduced. In Boston, where an intensive campaign was waged, a little over two years ago, diphtheria cases and deaths had been reduced one half, and every mother is urged to see that her child receives this treatment from her family physician or from one of the twenty-four child health clinics maintained by the Boston Health Department. The treatment is a harmless injection of a few drops given, if possible, on three successive weeks. This service is harmless, results sure, and there is no excuse for the failure to recognize this as a positive necessary health precaution.

### Colds.

One fifth of the deaths of children under one year of age are due to the so-called common cold, and the complications which follow the same. We have no specific measure for the prevention of colds, but much benefit can be derived from the recommendation that children should be kept away whenever possible from those who

cough, sneeze, have sore throats, running noses, etc., and the promiscuous kissing of children should be classified as criminal.

It is most important that when colds are prevalent, children should be kept away from crowds.

### **Mental Hygiene.**

Too long it has been said, "Oh! He is just a child, and will outgrow it." A leader in the field of mental hygiene, whose reputation bespeaks confidence, frankly says that one million children in our schools today are headed for the insane asylum. This, of course, sounds radical and exaggerated to the average lay mind. It nevertheless has an authoritative ring, and it behooves us to adopt this suggestion, "Know your child." Laying the foundation for proper habits and the correction of faulty ones in early life cannot be over-emphasized. Under the heading of faulty habits, we must think of food habits, disobedience, anger, fear, jealousy, lying, stealing, enuresis, etc. In endeavoring to successfully correct these defects, we must find out what is back of them.

Is it home environment?

Are pronounced physical defects operating as handicaps?

In discussing environment it is important to remember that children are imitative and suggestible. Is not the real reason why a child is doing something the fact that his parents are doing it? Obedience obtained by a promise of something if the child obeyed encourages a similar demand by the child in the future. A promise made by a parent and not kept encourages the trait of lying. Punishment administered in undue measure for that which might appear a trivial fault by the child encourages lying in order to avoid future punishment.

*Stealing.*—Stealing is carried on frequently by a desire to have a thing a playmate or acquaintance may have.

*Anger.*—Children are permitted to develop anger and temper tantrums because of the benefits that may be derived from the same. The youngster frequently finds that an earnest desire on the part of the parent for his good behavior results in some gift. This encourages them to develop tantrums in order to receive these gratuities.

*Fear.*—Fear is often the development of threats made by parents or well-meaning relations in order to obtain control. The threat of the policeman and the boogy man not only develops fear towards these people, but also a lack of appreciation for the truth when they do not materialize. In many instances, fear of certain things or conditions are simply an imitation of fear of parents for similar objects.

*Feeding.*—Undue worry by parents about the amount of food that



a child, in their judgment, needs, resulting in coaxing and fretfulness by the mother or father, soon results in the development in the child of the habit of exercising his authority, using his food peculiarities and desires as a lever of control over the parent.

We may summarize by expressing the opinion that the actions, habits, nice manners of parents, their appreciation of nice things, play an important part in the molding of proper or improper habits in early child life. Pampering and neglect both operate in molding character along unwholesome and unhealthy lines.

*Physical Handicaps.*—Has the child enlarged tonsils and adenoids? Is he mal-nourished? Has he poor vision or poor hearing? Are his primary teeth receiving adequate attention? If so, how can you expect him to go along without the adjustment of these handicaps?

It behooves us to see that physical defects are corrected at the very earliest moment, and handicaps of the home, so far as it is humanly possible, be straightened out. If there are mental defects the child should receive adequate psychiatric supervision.

We must not accept for granted faulty habits as purely necessary accompaniments of early childhood, and must remember that the youngster is entitled to decent environment and proper guidance. The correction of existing faulty habits demands the attention of the properly trained person who will be able to point the way.

One may safely lay down these rules and feel sure that if carried out, they will play an important part in child health conservation.

*Adequate Prenatal Service.*—Keep your baby well by bringing him to your physician or to the organized facilities which exist in your community for the promotion of better health, at least three or four times a year.

Have your child vaccinated against smallpox and diphtheria.

See that his diet is correct; thereby improve his nutrition.

See that his posture is not faulty.

It is important that his vision and hearing be normal.

Adequate care should be given to the teeth from early age.

His habits should be straightened out, if faulty.

Teach the child to observe health rules, which are nothing else but personal hygiene and which call for clean hands, clean teeth, exercise, fresh air, sunlight, and open window, plenty of bathing, and eating and drinking the right things.

Accept the recommendations of the school physicians as sound, and see that they are carried out.

Remember the children of today are the men and women of the future, and that parental responsibility does not begin at the bedside of a sick child. It should be the great privilege of fathers and

mothers to keep their children well, and this can only be done by living up to the most modern fundamental principles of preventive medicine, carried out under the careful guidance of your medical advisor.

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## EXERCISE.

To have our bodies strong, exercise is necessary, and this applies to the strongest as well as the weakest. People who indulge in it are better mentally and physically; they feel better in themselves and in their attitude towards their neighbors.

Exercise is advantageous to both young and old. The weak, the strong, the heavy and the thin all gain immeasurably by it, and the most desirable kind of exercise is that which is beneficial, pleasing and safe. The more spirit that is put into it the greater the results to mind and to body.

Everyone should take some form of exercise daily, and with the coming of the warm weather our minds naturally turn to exercise outdoors, which is the best kind of all. Take your exercise in the open air if possible and where the air is purest and freshest.

It is not necessary to indulge in any form of violent exercise outdoors, neither is it essential that you lift heavy weights to gain physically. For comparative purposes the person on the farm is better equipped to improve physically than the man in the gymnasium indulging in one or two forms of gymnastics that develop large muscles.

If not accustomed to exercising we should begin gradually and slowly increase the amount until we think we are taking sufficient. The individual is the best judge of the amount necessary for himself. Exercise that produces perspiration and fatigue, not exhaustion, develops an appetite and induces sleep is the kind to indulge in, for when a person's mind and body are right much of his worry ceases.

Still water becomes stagnant, whereas running water purifies itself. An engine will rust out quicker than it will wear out. So is it with the human body. A body that is kept oiled by exercise which produces a satisfactory blood circulation is one that will not quickly give out. The work that is done daily in the office or the shop may, in your opinion, be sufficient, but it is not, because only certain muscles are strengthened. An exercise where the whole body is brought into play and where pure air is breathed is real exercise.

Walking is a cheap, simple and a good form of exercise and swimming and rowing follow. Golf, baseball, tennis, quoits, handball, mountain climbing, horseback riding are warm weather

exercises that are most beneficial. Surely everyone should be able to devote at least a short time daily to one of these activities.

Interest in any game makes you forget the exercise you are taking. If the exercise is a pleasure and you have companions it is of increased value. When exercise becomes laborious its good effects are materially reduced.

Take any kind of outdoor exercise this summer, even if for only a short period each day, and you will find that your appetite has increased, your digestion aided, your nervousness diminished, with a restful sleep at night. If you attain these things the lesson will be taught and the best insurance in the world will be yours.

---

### GIVE YOUR PREMISES A THOROUGH CLEANING.

It is to be hoped that the results that will accrue this year from the efforts of a general "clean-up" on the parts of householders will be beneficial and lasting, and that the time will come when there will be no necessity for this annual cleaning process — that a clean home will be kept clean.

It is known that disease-producing germs survive longest in warmth, darkness and dampness, and it stands to reason that places and conditions where this combination exists should be removed, improved or destroyed.

Not only from the garret to the cellar should this cleaning process go on and rubbish be removed and old furniture broken up and burned, but conditions outside the house should have our attention. Yards, passageways and vacant areas should be cleaned and improved, stagnant pools filled in, drained or sprayed with oil; cans, pieces of crockery and other old and useless receptacles that have been discarded and are of no use or that hold stagnant water should be removed from the premises during the general cleaning. Rain conductors should be repaired; proper receptacles with covers provided for ashes, manure and garbage; rats' nests destroyed and their entrances and exits plugged; old planking removed from the yard, and, where possible, fences removed.

Whitewash, paint, hot water and soap should be liberally applied within the house.

Cleaner homes mean better health and your good example will be emulated by your neighbor.

Prepare against outbreaks of disease this year by having a clean home and clean surroundings. It is far better to prevent disease than to try to cure it after it reaches a household.

Make every day clean-up day.



## ATTENTION, VACATIONISTS.

TYPHOID FEVER HAS OFTEN BEEN TERMED  
A "VACATION DISEASE."

Many cases and deaths occur in the summer and autumn after people have returned from vacations.

They can be prevented by simple measures.

CLEANLINESS AND ANTI-TYPHOID INOCULATION  
ARE THE WEAPONS.

Do not bring typhoid back with you into a city that has the lowest death rate of the big cities in the country.

Anti-typhoid inoculation may be given by your physician or free of expense by the Health Department.

This is a safeguard for yourself, the community and the entire city.

PROTECT YOURSELF BEFORE YOU START ON  
WEEK-END TRIPS OR ON REGULAR VACATIONS.

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## CARE IN LIVING.

The desire for ease of life and plentiful diet is universal and is the great stimulus of man and animals alike. Yet when a man becomes greedy and takes more ease and food and drink than is his share, nature discards him.

In the race for power and place, for ease of circumstances and relief from the stimulus of hunger, the modern man is apt to forget that unless he is careful of his body he will soon be made to suffer for the infraction of nature's inexorable physical law. With the loss in body tone comes an equal loss in mental acuity, and the brain which for a time was able to operate despite the complaints of an over-fed, under-exercised, self-poisoned body, stops working.

Statisticians have discovered that the mortality rate of persons in the United States over forty-five years of age is increasing. The strenuous life of today is not alone responsible for this. Lack of health-giving exercise, superfluity of diet, lack of restoring sleep, over-stimulation, the high pressure of the race for power, wealth and position, physical neglect,—these bring early decay. The goal is reached,—wealth is amassed,—honor, position and power are just being grasped when the apple of accomplishment turns to the ashes of dissolution. The brilliant mind becomes clouded, the steady hand is no longer accurate, the eye which once gazed fearlessly on the whole world is dimmed and it is not long before the final breakup occurs. All of this was entirely preventable.



Other things being equal it is the man who leads the well-balanced life who lasts the longest, whose work to the end is uniformly the best, he who neither overworks nor overplays, neither overeats, overdrinks, nor oversleeps, he who maintains a standard of simple, healthy diet in moderation, who offsets mental work with physical recreation, who is as honest with his own body as he is with his own business. When success comes to such a one his physical and mental condition is such that he can enjoy in peace of mind and contentment of body the fruits of his labors.

The regulations of United States Public Health Service state: "It is the duty of officers to maintain their physical as well as their professional fitness. To this end they shall be allowed time for recreation and study whenever their official duties will permit." If the government regards it as essential that its sanitary experts shall be safeguarded in this way, is it not equally important to every citizen that he similarly maintain a high standard of physical integrity?

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## PERSONAL HYGIENE AND COMMUNICABLE DISEASES.

A patient ill with a communicable disease should be isolated at once and a strict quarantine observed until all evidence of the disease has disappeared. In the average case of diphtheria the period of quarantine lasts about two weeks. Scarlet fever requires a longer isolation, usually sufficient to allow for the process of peeling. "To be well warned is half armed." On first suspicion of a sore throat it is well to have medical attendance as soon as possible for the severity of the case often depends upon early treatment. This is especially true of diphtheria.

It seems almost needless to advise against the use of roller towel and common drinking cup. It has been estimated that there were some 20,000 epithelial cells from the lips on one common drinking cup that had been used in a school nine days, which well illustrates the danger of infection which may thus be carried. Happily the schools today are equipped with modern drinking fountains, which is a sign of progress and also a splendid object lesson in personal and civic hygiene.

No sane person would think of using the toothbrush of another, and yet how often do men trade smoking pipes and smoke the same cigar or cigarette. How frequently is chewing gum set aside only to be found and used by another child. Moistening the finger with saliva and putting the mouth to other improper uses may spread disease. The mouth is used to hold pins, thread, pencils, money, wet postage stamps and envelopes. Children exchange apples,

cakes and candies, men their pipes and tobacco and women their hatpins. A mother is seen to wipe the baby's face with her own soiled handkerchief and then a visitor to the home is shortly afterward invited to kiss the little one. Combs, brushes and handkerchiefs or any article intended for personal use should not be passed around, but kept almost sacred by the owner.

Every time you enter to drink at a soda fountain you pay your money to be served properly. Be sure to note that the glass served you has been properly cleaned.

Human communication from one person to another is the most usual factor in the spread of all diseases and it is unfair and almost criminal in some cases for any person ill with a sore throat or rash on the body to mingle in the company of other normal persons, as at a dancing party, classroom, workshop, theater or other places where people may congregate.

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### SOME THINGS TO REMEMBER.

It is the baby that survives that counts.

For most infants cream is less digestible than milk.

Rats, flies and mosquitoes are very common, yet expensive and dangerous.

Be careful of the place you are about to choose for your summer vacation.

Clean water, clean food, clean houses and clean air make healthy citizens.

Summer time admits of enough fresh air and sunshine so that each person should get his share.

Now that the vacation period is at hand those contemplating going away should avail themselves of antityphoid inoculation.

A certain amount of sunlight is necessary to stimulate the system and maintain an equilibrium, but an excessive amount is as harmful as an excess of any other stimulant.

The defective child unless corrected becomes the defective man and where correction is possible during early life it becomes well nigh impossible in later life.

It is during the summer months that the great increase in deaths in children occurs. A little more care and watchfulness over the baby during these months will tide over the most dangerous period of the year.

Keep your premises clean, your garbage pail covered, your doors and windows screened and your foodstuffs unexposed and flies will give you but little bother.

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during July. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.34	3.73	13
Allen, Fred H.....	12.23	3.68	240
Antetomasso, Peter.....	12.53	3.98	16
Barron, Clarence W.....	13.40	4.60	10
Bergmann, John H.....	12.66	3.97	13
Bolio, William J.....	14.16	5.00	70
Brandley, T. J. & P. J.....	12.50	3.93	29
Casey, James D.....	12.82	4.10	21
Cashin, James D.....	12.47	3.90	61
Cedar Hill Farms.....	13.13	4.48	8
Chapin, George H.....	12.21	3.82	13
Childs Brothers.....	12.53	3.95	40
Clapp, Frank L.....	12.76	3.70	40
Clark, Levi.....	12.26	3.85	100
Converse, Marquis M.....	12.62	3.98	49
Corkery, John H.....	12.36	3.78	383
Cosgrove, Martin S.....	12.49	3.84	405
Cummings, Francis S., Company.....	12.03	3.61	15
Cunningham, Paul.....	13.32	4.53	8
Cusick, William H.....	12.63	3.82	35
Deerfoot Farm Milk Company.....	12.58	3.92	8
Denehy, Timothy.....	12.89	4.27	179
Driscoll, William B., Company.....	12.56	3.92	14
Duggan Brothers.....	12.78	3.78	17
Edgerly, Frank S.....	12.39	3.87	101
Elm Spring Farm Milk Company.....	12.34	3.75	393
English, J., & Son.....	13.22	4.35	20
Ferguson, Malcolm D.....	12.61	3.80	480
Furbush, Almon J.....	13.93	4.93	21
Garfield, Mason.....	13.72	4.53	11
Garvin, Charles E.....	13.02	4.55	60
Giroux, J. E., & H. J.....	12.46	3.85	27
Greenblatt, Benjamin R.....	12.42	3.70	13

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands In One Cubic Centimeter.
	Per Cent.	Per Cent.	
Griffin, Joseph L.....	12.52	3.78	20
Gushee, Chester W.....	12.52	3.80	100
Hagar, J. M., & Son, Inc.....	12.38	3.91	21
Herlihy Brothers.....	12.47	3.85	85
Hickey, Martin J.....	12.32	3.75	13
Holden, John E.....	12.46	3.89	37
Hood, H. P., & Sons, Inc.....	12.27	3.88	99
Hutchinson, Frank T.....	12.34	3.67	656
Jones, William T., Company.....	12.48	3.83	46
Kendall Brothers Company.....	12.19	3.63	467
Kingston, Samuel.....	12.76	4.04	29
Klawa & Freeman.....	12.47	3.78	107
Knapp, George J.....	12.51	3.70	130
Lang Brothers.....	12.28	3.73	49
Larson, Charles.....	12.43	3.78	44
Lincoln Farms, Inc.....	11.97	3.90	11
Lydonville Creamery.....	12.75	4.13	36
Manning, Peter.....	12.39	3.45	87
Maple Farm Milk Company.....	12.16	3.58	228
McAdams, John F.....	12.73	4.01	19
McKernan, John.....	12.91	3.93	41
Millwood Farms, Inc.....	12.35	3.90	20
Munchbach, George.....	12.76	4.00	114
Newton & Pope.....	12.71	4.25	11
Noble, William F., & Sons.....	12.65	3.97	14
Robinson, Albert J.....	12.51	3.93	35
Robinson, J. A.....	12.44	4.03	210
Runkle, J. C.....	13.53	4.78	41
Schuster, Adam.....	12.63	3.92	33
Seven Oaks Dairy Company.....	12.31	3.80	91
Shick, Jacob.....	12.51	3.77	97
Shopnick, Louis.....	12.32	3.75	16
Somerset Farms Milk Company.....	12.86	4.27	9
Sterling Farms Milk Company.....	12.47	3.69	20
Stone, Howard L.....	12.30	3.73	52
Stuart, Wallis E.....	12.50	3.90	23
Sullivan, J. L.....	13.19	4.13	640
Swett, Warren.....	12.37	3.85	420
Turner Centre System, Inc.....	12.52	3.90	30



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
United Farmers' Co-operative Creamery Company.....	12.64	3.97	18
Vartanian, Kazar.....	12.32	3.70	46
Walker-Gordon Laboratory Company.....	12.69	4.10	9
Weiler, E. & Sons.....	12.44	3.78	108
Werner, F., Company.....	12.07	3.92	85
Westwood Farms Milk Company.....	12.23	3.78	22
White Brothers.....	12.53	3.85	19
Whiting Milk Company.....	12.63	3.79	75
Whittemore, W. D.....	12.67	3.88	22
Wiswall, Granville A.....	12.29	3.77	160
Woodland, Charles L.....	12.12	3.62	57

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands In One Cubic. Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.26	3.78	28
The Cloverdale Company.....	Turner Centre System, Inc..	12.91	3.98	20
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.66	4.10	16
Economy Grocery Stores Company.	Whiting Milk Company....	12.60	3.90	12
The Ginter Company.....	Ginter Company.....	12.61	4.00	17
Morgan Brothers Company....	Morgan Brothers Company.	12.73	4.05	10
O'Keeffe's, Inc.....	Bellows Falls Co-operative Creamery Company.	13.22	4.28	70
M. Winer & Co.....	Hyman Winer.....	12.46	3.43	910

### HEALTH COMMISSIONER REAPPOINTED.

Health Commissioner Francis X. Mahoney was reappointed Health Commissioner of the City of Boston for a four-year term ending April 30, 1930.

The Health Commissioner was also appointed a member of the Board of Trustees of the Boston Sanatorium Department for a term of four years ending April 30, 1930.

The Health Commissioner was appointed by the Commissioner of Institutions of the City of Boston a member of the visiting staff of Long Island Hospital.

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING JULY, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	6	13.95
Seven days or less.....	3	6.98
Eight to fourteen days, inclusive.....	—	—
Fifteen to twenty-one days, inclusive.....	1	2.33
Twenty-two to thirty-one days, inclusive.....	3	6.97
WITHIN FIRST MONTH. (Total).....	—	—
Within second month.....	5	11.63
Within third month.....	—	—
Within fourth month.....	5	11.63
Within fifth month.....	4	9.30
Within sixth month.....	3	6.98
Within seventh month.....	—	—
Within eighth month.....	—	—
Within ninth month.....	—	—
Within tenth month.....	—	—
Within eleventh month.....	3	6.97
Within twelfth month.....	3	6.98
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	—	—
Within second year.....	1	2.33
Within third year.....	2	4.65
More than three years.....	4	9.30
Grand totals.....	43	100.00

## **HOW TO GET SICK.**

1. Now is the time for planting the seeds of summer diseases.
2. If you do not feed your rats well now they will leave you.
3. To raise a good crop of flies you must give them suitable filth to live in.
4. Disease organisms introduced into pasteurized milk will grow as well if not better in it than before it is pasteurized.
5. A good way to transplant disease organisms to food is to handle it with dirty fingers or let flies crawl over it; cockroaches and water bugs may likewise be used for this purpose.
6. To encourage the growth of disease organisms in food avoid heating it. Heating disease organisms to the boiling point will kill them and even a less degree of heat may prove fatal to them.

## **HOT WEATHER ADVICE FOR ADULTS AND INFANTS.**

Bathe often.

Dress lightly.

Avoid alcohol in all forms.

Avoid excesses of all kinds.

Eat sparingly, and of but little meat.

Encourage breast feeding in infants.

Do not worry, overwork, overheat or exhaust yourself in any way.

When the day is very hot, rest as much as possible in a cool place.

Get plenty of fresh air and sunshine but avoid undue exposure to the sun.

Drink plenty of water, but abstain from ice water, especially when very hot or exhausted.

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## **WHEN HOUSE HUNTING THE FOLLOWING QUESTIONS SHOULD BE BORNE IN MIND:**

Is every living room provided with sufficient window space to insure good light and ventilation?

Are the walls clean, and are the paper and paint in good condition?

Are toilet and bathing facilities handy, and is the apartment clean and well ventilated?

Is the plumbing in good condition, and are the fixtures open?

Are all the rooms free from dampness?

Is the cellar concreted, dry, clean, whitewashed and properly ventilated?

Are the hallways well ventilated, clean and lighted day and night?

Is there a good yard or piazza where children can play?

What are the means of escape in case of fire, and are any stables or offensive businesses nearby?

It is due to ignorance, and is a reflection upon the intelligence of any person, to become ill with typhoid fever or smallpox. Protective means have been discovered by which these diseases may be banished. It has been demonstrated that vaccination will protect you. Why not take advantage of this really free protection? Consult your family physician or the Health Department before you leave for your vacation.

**VACCINATION IS SAFE — IT IS SOUND — IT IS  
SURE.**

# SUMMARY OF THE WORK, JULY, 1926.

## BUREAU OF ADMINISTRATION.

	July.		July.
Prosecutions ordered . . . . .	4	Personnel:	
Legal notices . . . . .	192	Resignations . . . . .	2
Lying-in Hospital approved . . . . .	1	Leave of absence . . . . .	2
Stable hearings . . . . .	1	Appointments, temporary . . . . .	1
Proposals accepted . . . . .	2	Appointments, permanent . . . . .	5
		Transfers . . . . .	2

## LICENSES, PERMITS, ETC., ISSUED.

	July.		July.
Beverages . . . . .	54	Hen licenses . . . . .	111
Burial permits . . . . .	930	Manicure-massage . . . . .	186
Denatured alcohol . . . . .	23	Milk . . . . .	143
Denatured alcohol license dis- approved . . . . .	1	Offensive trade . . . . .	1
Denatured alcohol license re- scinded . . . . .	1	Pedlers . . . . .	168
Grease . . . . .	1	Stable permit, provisional . . . . .	1
		Stable permit, final . . . . .	1

## MEDICAL DIVISION.

	July.		July.
Visits:		By investigators . . . . .	219
By medical inspectors . . . . .	1,103	Cases brought to Boston for treatment . . . . .	84
Deaths investigated . . . . .	22		
By veterinarian . . . . .	175		

## NURSING SERVICE.\*

	MEDICAL AND CHILD HYGIENE DIVISIONS.	July.
Homes visited . . . . .		<u>10,034</u>
Total number of new cases visited . . . . .		2,262
Total number of old cases visited . . . . .		9,333
Total number of new and old cases visited . . . . .		<u>11,595</u>
Wrong address . . . . .		187
Not seen* . . . . .		1,458
Baby and pre-school visits . . . . .		7,330
Communicable disease visits . . . . .		2,620
		<u>11,595</u>
Infant death investigations (inclusive in homes visited) . . . . .		73
Maternal death investigations (inclusive in homes visited) . . . . .		7
Patients accompanied to hospital . . . . .		2
Other special visits * . . . . .		27
Nurses' visits to day nurseries . . . . .		<u>26</u>
Total number of all visits . . . . .		<u>11,730</u>
Parochial school children weighed and measured . . . . .		<u>14,657</u>

\* Visits also included in report of "Medical Division" and "Health Units."



# HEALTH UNITS.

July.

## MISCELLANEOUS UNIT ACTIVITIES:

Complaint of insanitary conditions . . . . .	15
Number of persons given health and other information . . . . .	300
City visitors . . . . .	6
Out of city visitors . . . . .	10

## DENTAL SERVICE:

Number of operations . . . . .	284
Number of dismissals . . . . .	58
Number of children treated . . . . .	256
Prophylaxis . . . . .	85

## EYE SERVICE:

New cases . . . . .	10
Number of refractions . . . . .	34
Number of diagnosis . . . . .	9
Number of glasses prescribed . . . . .	15

## MEDICAL DIVISION OF HEALTH DEPARTMENT:\*

### Work performed by medical inspector:

Vaccinations performed by medical inspector . . . . .	46
Number of vaccination certificates issued . . . . .	36
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	106
Number of children examined for day nurseries . . . . .	320

### Nurses' visits:†

Communicable disease visits by nurses in district . . . . .	481
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## CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡

Number of child health conferences . . . . .	17
Total attendance at child health conferences . . . . .	688
New babies at conferences . . . . .	92
Number of pre-school conferences . . . . .	15
Home visits to babies and pre-school children . . . . .	1,584
Infant deaths investigation visits . . . . .	16
Special visits . . . . .	15
Number of posture classes . . . . .	22
Attendance at posture classes . . . . .	307

## BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	1,037
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## BOSTON LYING-IN HOSPITAL:

### Pre-natal Clinic:

Number of clinics . . . . .	4
Attendance . . . . .	69
New cases . . . . .	19

## COMMUNITY HEALTH ASSOCIATION:

### General Division:

Home visits by nurses . . . . .	1,783
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## BOSTON DISPENSARY:

Calls by district physician . . . . .	25
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\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

# BOSTON LYING-IN HOSPITAL:

Number of clinics . . . . .	4
Attendance of clinics . . . . .	69
New cases . . . . .	19

# STATE DEPARTMENT OF MENTAL DISEASES:

Number of clinics . . . . .	10
Attendance at clinics . . . . .	37
Visits of workers . . . . .	113
New cases . . . . .	6

## MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, JULY, 1926.

### SYPHILIS.

Under investigation . . . . .	25
New cases during . . . . .	9
Total . . . . .	<u>34</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	2
Unable to locate . . . . .	8
False address given . . . . .	1
Under investigation . . . . .	23
Total . . . . .	<u>34</u>

New cases reported by number . . . . .	<u>70</u>
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### GONORRHEA.

Under investigation . . . . .	66
New cases during . . . . .	46
Total . . . . .	<u>112</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	13
Unable to locate . . . . .	27
False address given . . . . .	18
Under investigation . . . . .	54
Total . . . . .	<u>112</u>

New cases reported by number . . . . .	<u>206</u>
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### SUMMARY.

Cases under investigation . . . . .	91
New cases during . . . . .	55
Total . . . . .	<u>146</u>

### DISPOSITION OF CASES.

Placed under treatment . . . . .	15
Unable to locate . . . . .	35
False address given . . . . .	19
Under investigation . . . . .	77
Total . . . . .	<u>146</u>

Visits by investigator . . . . .	<u>219</u>
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# VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation . . . . .	1
New cases . . . . .	6
Total . . . . .	<u>7</u>

## DISPOSITION OF CASES.

Under treatment . . . . .	2
Under investigation . . . . .	3
Unable to locate . . . . .	2
Total . . . . .	<u>7</u>

## NUMBER OF TOXIN AND ANTITOXIN TREATMENTS AT EACH STATION DURING JULY, 1926.

STATION.	TOXIN ANTI-TOXIN.		
	First.	Second.	Third.
Old Town Hall, Brighton.....	12	5	5
31 Lincoln street, Allston.....	3	0	0
Charlestown Municipal Building.....	4	5	5
Codman Square Library Building.....	11	10	5
Columbia Road Municipal Building.....	5	6	3
Gordon place, Dorchester.....	6	7	4
Chelsea street, East Boston.....	20	26	21
406 Meridian street, East Boston.....	12	24	20
177 Webster street, East Boston.....	22	21	10
Hyde Park Municipal Building.....	7	12	12
Curtis Hall, Jamaica Plain.....	7	9	4
41 North Margin street.....	36	24	3
Roslindale Municipal Building.....	1	1	0
Beth Israel Hospital.....	1	4	3
Children's Hospital.....	0	0	0
1049 Columbus avenue.....	28	28	17
Vine Street Municipal Building.....	24	10	7
Carney Hospital.....	81	85	73
70 Emerald street.....	8	0	0
640 Harrison avenue.....	9	24	23
46 Lovering street.....	0	0	0
Shawmut avenue.....	6	4	5
Tyler street.....	8	8	7
17 Blossom street.....	10	19	17
Totals.....	321	332	244
Totals, all stations.....			897

# CHILD HYGIENE DIVISION.

## JULY REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school.	Total Attendance.	Number of New Babies.	Number of New Pre-school	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	123	10	133	37	4	41	4	33
31 Lincoln street.....	65	6	71	16	4	20	5	14
CHARLESTOWN.								
Charlestown Municipal Building....	264	22	286	33	8	41	7	41
DORCHESTER.								
Codman Square Library Building....	317	21	338	58	16	174	7	48
Columbia Road Municipal Building..	411	11	422	57	4	61	7	60
7 Gordon place.....	217	7	224	32	2	34	4	56
EAST BOSTON.								
16 Chelsea street.....	138	20	158	19	11	30	3	51
406 Meridian street.....	171	5	176	34	1	35	4	44
177 Webster street.....	100	51	151	33	16	49	4	38
HYDE PARK.								
Hyde Park Municipal Building.....	147	17	164	21	6	27	3	55
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	208	25	233	43	6	49	4	58
NORTH END.								
41 North Margin street.....	191	58	249	50	11	61	9	28
ROSLINDALE.								
Roslindale Municipal Building.....	151	13	164	20	10	30	3	55
ROXBURY.								
Beth Israel Hospital.....	116	7	123	19	2	21	5	25
Children's Hospital.....	107	2	109	16	1	17	4	27
1049 Columbus avenue.....	275	31	306	66	16	82	9	34
Vine Street Municipal Building.....	223	25	248	43	16	59	3	83
SOUTH BOSTON.								
140 Dorchester street.....	223	29	252	73	17	90	9	28
SOUTH END.								
70 Emerald street.....	76	10	86	5	2	7	3	29
640 Harrison avenue.....	96	29	125	6	3	9	5	25
46 Lovering street.....	83	20	103	12	7	19	5	21
Shawmut Avenue Municipal Building,	144	8	152	19	4	23	4	38
122 Tyler Street.....	47	17	64	8	0	8	4	16
WEST END.								
17 Blossom street.....	353	85	438	41	4	45	8	55
Totals.....	4,246	529	4,775	761	171	932	123	



# FOOD INSPECTION DIVISION.

## MARKET, STORE AND RESTAURANT SERVICE.

	July.
New reports . . . . .	3,217
Stores inspected . . . . .	5,055
Sanitary defects remedied . . . . .	18
Complaints at office . . . . .	45
Referred to Sanitary Division . . . . .	18
Notices to abate nuisances . . . . .	85
Court cases . . . . .	6
Convictions . . . . .	6
Fines . . . . .	\$1.75
Applications for pedlers' licenses approved . . . . .	161
Vehicles inspected and approved . . . . .	559
Laboratory Examinations:	
Bacteriological . . . . .	8
Chemical . . . . .	5

## CONDEMNATIONS.

<b>Meats:</b>		Grapefruit . . . . .	2 dozen
Bacon . . . . .	4½ pounds	Lemons . . . . .	2 dozen
Beef . . . . .	370 pounds	Melons . . . . .	94
Chicken . . . . .	7 pounds	Oranges . . . . .	7 dozen
Fowl . . . . .	8 pounds	Plums . . . . .	9 baskets
Frankforts . . . . .	50 pounds	Strawberries . . . . .	25 crates
Ham . . . . .	15 pounds	<b>Vegetables:</b>	
Heart . . . . .	1	Cucumbers . . . . .	26,400 pounds
Lamb . . . . .	36¾ pounds	Green peppers . . . . .	6
Livers . . . . .	60	Lettuce . . . . .	72,960 pounds
Mutton . . . . .	28 pounds	Lettuce heads . . . . .	36
Pluck . . . . .	48	String beans . . . . .	3 baskets
Pork . . . . .	604¾ pounds	Radishes . . . . .	20 bunches
Poultry . . . . .	805½ pounds	Tomatoes . . . . .	190 pounds
Sausage . . . . .	5 pounds	<b>Miscellaneous:</b>	
Steak . . . . .	13½ pounds	Confectionery . . . . .	7 pounds
Sweetbread . . . . .	98	Ice cream . . . . .	1¼ gallons
Tongue . . . . .	18	Ice cream mixture . . . . .	8 gallons
Veal . . . . .	914 pounds	Mayonnaise . . . . .	89½ ounces
<b>Fish:</b>		Molasses . . . . .	10 pounds
Miscellaneous . . . . .	67 pounds	Orange syrup . . . . .	6 gallons
Scallops . . . . .	8 gallons	Raspberry jam . . . . .	18 gallons
<b>Fruit:</b>		Rice . . . . .	1 bag
Apples . . . . .	2 pounds	Salad . . . . .	5½ pounds
Bananas . . . . .	1 bunch	Sauerkraut . . . . .	175 pounds
Blackberries . . . . .	25 crates	Yeast cakes . . . . .	25
Cherries . . . . .	144 baskets		

## LIVE STOCK INSPECTION (Brighton Abattoir).

	July.		July.
Cattle inspected . . . . .	304	Parts condemned (lbs.) . . . . .	3,493
Calves inspected . . . . .	703	Animals condemned . . . . .	1
Swine inspected . . . . .	2,618		

## DAIRY DIVISION.

	July.		July.
Total inspections . . . . .	1,629	Inactive . . . . .	50
Dairies inspected . . . . .	994	Total cattle inspected . . . . .	13,481
Scoring above 50* . . . . .	704	Inspections of milk plants and	
Scoring below . . . . .	280	licensed dealers . . . . .	265
With milk rooms . . . . .	673	Country creamery inspections . . . . .	10
Without milk rooms . . . . .	311	Sediment tests . . . . .	281

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

	July.
<b>CHEMICAL:</b>	
Milk from wagons . . . . .	283
Milk from stores . . . . .	1,004
Milk bought by citizens . . . . .	16
Vinegar . . . . .	156
Ice cream . . . . .	4
Tonics . . . . .	1
Water . . . . .	4
Liquor . . . . .	3
Candy . . . . .	1
<b>BACTERIOLOGICAL:</b>	
Milk . . . . .	649
Ice cream . . . . .	16
Court cases . . . . .	31
Fines . . . . .	\$275

### SANITARY INSPECTION.

	July.		July.
Original inspections . . . . .	1,992	Legal notices served . . . . .	219
New reports . . . . .	2,388	Complaints investigated . . . . .	643
Reinspections . . . . .	6,288	Court cases authorized . . . . .	3

## BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	576
Tuberculosis . . . . .	247
Typhoid . . . . .	42
Gonorrhea . . . . .	747
Gonorrheal ophthalmia . . . . .	85
Syphilis . . . . .	1,424
Other examinations * . . . .	30
Bacteriological examinations of milk . . . . .	649
Bacteriological examinations of ice cream . . . . .	161

\* Malaria, 9; feces for typhoid, 4; urine for typhoid, 4; genito-urinary tuberculosis, 20; rabies, 1; smear for streptococci, 1; smear for Vincent's angina, 1; chicken for toxins, 1; moxie for poison, 1; ginger ale for B. coli, 1; feces for amoeba, 1; feces for hookworm, 1; coca cola for bacteria, 1; smear for anthrax, 1; smear for gonorrhea, 1; clams for B. coli, 1; cheese for toxins, 1.

# VITAL STATISTICS, JULY, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING JULY, 1926, WITH COMPARATIVE FIGURES FOR JULY, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	780	806	—26	11.89	12.35	— .46
Nonresidents deducted.....	597	651	—54	9.10	9.97	— .87
BY AGE:						
Under one year.....	100	104	—4	1.53	1.59	— .06
One year to four years, inclusive.....	41	41	—	.62	.63	— .01
Sixty years and over.....	262	263	—1	4.00	4.02	— .02
BY SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	37	41	—4	.56	.63	— .07
Arteriosclerosis.....	13	27	—14	.20	.41	— .21
Heart disease.....	136	116	+20	2.07	1.78	+ .29
Nephritis, chronic.....	41	41	—	.62	.63	— .01
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,419	1,497	—78	21.63	22.94	—1.31
b. Registered stillbirths.....	36	38	—2	.55	.58	— .03
Stillbirths per 1,000 births and stillbirths.....				24.74	24.75	— .01
c. Deaths of mothers from causes incident to childbirth.....	19	11	+8	.29	.17	+ .12
Deaths of mothers per 1,000 births and stillbirths.....				13.06	7.17	+5.89
Deaths of children in first year of life....	100	104	—4	1.53	1.59	— .06
Deaths in first year per 1,000 live births,.....				70.47	69.47	+1.00
VIOLENCE:						
Accidents.....	58	*102	—44	.88	1.56	— .68
Homicides.....	2	4	—2	.03	.06	— .03
Suicides.....	7	8	—1	.11	.12	— .01
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	6	15	—9	.09	.23	— .14
Broncho-pneumonia.....	24	26	—2	.36	.40	— .04
Cancer.....	80	80	—	1.22	1.22	—
Cirrhosis of the liver.....	5	5	—	.08	.08	—
Diabetes mellitus.....	18	7	+11	.27	.11	+ .16
Diarrheal diseases, children under two years of age.....	13	8	+5	.20	.12	+ .08

\* Forty-four of these due to collapse of a building.

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, JULY, 1926.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
		1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
COMMUNICABLE DISEASES:							
Anterior poliomyelitis.....	Cases..	1	2	-1	.015	.03	-.015
	Deaths.	1	—	+1	.015	—	+.015
Cerebrospinal meningitis.....	Cases..	6	2	+4	.09	.003	+.06
	Deaths.	5	1	+4	.08	.015	+.065
Diphtheria.....	Cases..	60	47	+13	.91	.72	+.19
	Deaths.	3	1	+2	.04	.015	+.02
Influenza.....	Cases..	1	6	-5	.015	.09	-.07
	Deaths.	—	—	—	—	—	—
Measles.....	Cases..	144	192	-48	2.19	2.94	-.75
	Deaths.	4	3	+1	.07	.04	+.03
Pneumonia (lobar).....	Cases..	51	42	+9	.78	.64	+.14
	Deaths.	12	17	-5	.18	.26	-.08
Scarlet fever.....	Cases..	160	95	+65	2.44	1.45	+.99
	Deaths.	3	2	+1	.04	.03	+.015
Tuberculosis (pulmonary).....	Cases..	172	139	+33	2.62	2.13	+.49
	Deaths.	50	49	+1	.76	.75	+.01
Tuberculosis (other forms).....	Cases..	36	27	+9	.55	.41	+.14
	Deaths.	8	8	—	.12	.12	—
Typhoid fever.....	Cases..	10	14	-4	.15	.21	-.06
	Deaths.	2	3	-1	.03	.04	-.01
Whooping cough.....	Cases..	162	157	+5	2.47	2.40	+.07
	Deaths.	2	8	-6	.03	.12	-.09

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



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# MONTHLY BULLETIN HEALTH DEPARTMENT



## CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, SEPTEMBER, 1926.

No. 9

### NEW HEALTH UNIT DEDICATED.

The second health unit erected from the income of the George Robert White Fund, at the corner of Paris and Emmons street, East Boston, was officially turned over to the City of Boston on August 4 in the presence of a large and distinguished gathering of physicians and public health and welfare workers, as well as many prominent men and women interested in public health.

This health unit has been built at a cost of approximately \$250,000. It is believed that one of the menaces to the health of the district has been removed by doing away with congestion and building up the health of the community.

The lot on which the building has been erected is large enough to provide for two yards to be paved for recreation purposes. The building itself is larger than the first unit in the North End, but not so high.

It is built of red brick with limestone trimmings and is of fire-proof construction. In the basement is a cafeteria, serving 100 persons, locker rooms, storerooms and heating equipment. On the first floor are waiting rooms. These rooms will connect with dental, eye and posture clinics; also preschool and prenatal clinics. On the second floor is an auditorium seating 200 persons, with motion

picture booth and stage. This floor also contains rooms for the Family Welfare Society, Catholic Charitable Bureau, Jewish Welfare Center, Boston Sanatorium nurses and Community Health Association nurses.

Prominent guests who took part in the exercises included: Hon. Malcolm E. Nichols, Mayor of Boston; Dr. Francis X. Mahoney, Health Commissioner; Dr. Stephen Rushmore, dean, Tufts Medical School; Mr. Henry R. Shepley, of Coolidge, Shepley, Bulfinch & Abbott, architects; Dr. James S. Stone, president, Massachusetts Medical Society; Mr. George E. Phelan, manager, George



Robert White Fund; Rev. W. D. Roberts, rector, St. John's Episcopal Church, East Boston; Rev. Lodovico Toma, pastor, St. Lazarus' Church, East Boston; Dr. James H. Strong, president, East Boston Medical Society; Mr. Roland W. Boyden, president, Boston Chamber of Commerce; Dr. A. S. Begg, dean, Boston University Medical School; Congressman John J. Douglas, and Dr. Charles F. Wilinsky, Deputy Health Commissioner in charge of the Child Hygiene Division.

The key of the building was presented by President Boyden of the Boston Chamber of Commerce to Mayor Nichols, who accepted it with the statement, "I accept the key and am glad to see that it is a practical key, that will really open the door to something. In the narrow sense it opens the door to a wide and beneficent endeavor,

not only to serve East Boston and Boston and the two million citizens who make this city their business home, but as an example set by Boston which probably will be followed in other cities in this country and across the sea."

Doctor Stone in his remarks, which were keenly followed, speaking for the medical profession pointed out the changes that have come about in the field of medicine in the past twenty-five years and the compelling of readjustments which the physicians of today are obliged to make in order to keep abreast of the requirements and the demands of the educated laity.

Dr. James Strong, president of the East Boston Medical Society, representing the physicians of East Boston, said that an institution of the type of the health unit was necessary in East Boston and welcomed by the physicians of that section. He stated that the doctors in East Boston believed that the unit would be an essential element in the improvement of the health of the people of the district, would educate them in the modern methods of preventing and controlling disease, and could not fail to make its mark in a better sickness and death rate among the people of his section. He promised the earnest and hearty co-operation of the physicians of East Boston.

Health Commissioner Mahoney and Deputy Health Commissioner Wilinsky promised the group that all of the present activities now functioning in the other units in the city would also be carried on in the East Boston unit, and promised that they would do everything possible to make it as successful as the units in the North End and the West End. In expressing their appreciation of the wonderful and helpful co-operation that existed in this city among all child, health, welfare, and social workers in Boston they remarked that this attitude was setting an example that other cities were trying to emulate.

Dr. William A. Evans, formerly Health Commissioner of Chicago, and now of the Health Department of the Chicago *Tribune*, delivered the dedicatory address. Doctor Evans said:

LADIES AND GENTLEMEN. I will leave to others better informed than I the privilege of telling you of George Robert White and his will; of the purposes that he had in mind in drawing the will; of the reasons which caused the trustees to build this and other centers as a part of their interpretation of that clause in the will which reads, "of creating works of public utility not the duty of the city in the ordinary course of events to provide." I will leave to Dr. F. X. Mahoney, the experienced and capable health officer of Boston, or his representatives, the task of telling you the plans for this center, the agencies to be housed here, the work to be done here, and the



part these plans have in the larger plans for the promotion of the health of the city as a whole.

I want to discuss a few phases of public health work which have come to me by reason of a rather long participation in it at times as an official health officer; at times as a worker in such nonofficial agencies as tuberculosis societies, heart societies, infant welfare societies, social hygiene societies, and a few others; at times as an official of a medical society; at times as a teacher of medical students; and at times as a publicist engaged in propaganda for health, appealing directly to the general public.

A few months ago, the British correspondent of the "Journal of American Medical Association" wrote that the British health officers were astonished at the authority and power given voluntary health organizations in America. Their voluntary health bodies had no power that was compared to it. And yet, it is a matter of common information that, in certain fields voluntary agencies in Great Britain have far more authority than have any nongovernmental agencies in this country. There comes to mind the trade society which controls the sanitation of fishing for fish and oysters. Within its field it has as much power as any governmental agency in the country.

The line of demarcation in Great Britain seems to be this:

A voluntary organization dealing with a trade group frequently has more power than a governmental agency in this country. A British voluntary organization dealing with the general public is not wholly without regulatory powers, but its field of influence is narrowed more than is customary in this country.

The zones of friction between voluntary health agencies and official health agencies are in evidence in this country. Utah has recently had an experience which reminds us of it. The milk problem of Kansas City is another instance. Every health office has one or more instances in its records — some of them annoying and irritating. A center such as this one brings together under one roof the official and nonofficial agencies. It provides the opportunity for each group of agencies to find its field; it makes for mutual understanding. Eventually, the powers and limitations of the voluntary health agencies will come to be established and recognized. In the meanwhile, the neighborliness of a center should promote understandings and "*ententes*" during the formative year.

Permit me to single out from the reports of Doctor Mahoney and Doctor Wilinsky on the Boston centers, this statement by Doctor Wilinsky:

"We cannot emphasize too strongly the necessity for the cooperation of the physician in the district, who should be freely



consulted as to the plans and policies of the health center, and who should function in the preventive program."

The most effective agent of health is the practitioner of curative medicine. He has been helpful in the past and will be in the future. He is passing through a period of great flux. Sometimes he has not found adjustment easy. There have been misunderstandings and controversies.

It lies within the powers of a center either, on the one hand, to increase friction, or, on the other, to make misunderstanding and working at cross purposes the exceptions. A wisely administered health center will promote good feeling with the medical and nursing professions, just as it will promote understanding and good will between health departments and voluntary health agencies.

I have had some experience with health officers. I have found them honest and well-intentioned. It is very much to the credit of our profession that the administration heads of the health departments have rarely been even charged with financial dishonesty, or even the more disreputable forms of self-promotion and self-seeking. They have not always been intellectually honest, but who has been? Their record there compares favorably with that of lawyers, doctors, editors and preachers. It has been my observation that these health officers have been faithful and efficient in doing well the day's work, in the sense that the day's work consisted in the obvious tasks of meeting the daily problems.

If I could criticise them adversely, it is that they are not generals or strategists. They are fighting disease. They have not envisaged the field, nor planned broadly, nor far, seemingly. I think they have made mistakes in that they have not called councils of strategy — and invited into them all the groups who are contributing brains. In that they have not decided on broad, far-reaching campaigns, and given each group and each person his part in the doing. A health center is in keeping with this idea.

Doctor Wilinsky says: "The fundamental principal in the creation of a practical and modern health center is the correlation of all the health and social agencies, whether public or private, under one roof, with the beneficent results from the contact of the workers. From this must result a co-ordination of the activities without the duplication and waste of efforts."

May I add — it also makes possible a planned campaign. A health center, working successfully in the field, promotes the day when health officers will be strategists, planning their large campaigns with the counsel of co-operating agencies.

But I must not wander in this large field.

May I limit myself to four suggestions for health work, for the trial of some or all of which this center might be used as a test tube.

From the copies of the "Monthly Bulletin" of the Boston Health Department, I learn that the North Boston Unit houses such health work as goes under the names: Dental service, eye service, medical service of the Health Department, nurses visits and miscellaneous unit activities. An analytical reading of the report suggests the thought that health units are eccentric in principal. They build up branch health departments close to the field of work, and thereby save transportation and the time of physicians, nurses, inspectors, and those in search of service. For this eccentric development there is claimed economy, and the elimination of waste, both of which are in accordance with good business policy.

This brings me to the first suggestion,—one which is never wholly needed and yet, from the need of which we never escape. It is the importance of doing the day's work well. If you will remember, that was the subject of one of the addresses made by Dr. William Osler. If I remember correctly, Doctor Osler was speaking in this city when he argued for living life one day at a time — forgetting the work of yesterday, and leaving tomorrow for tomorrow, concentrating the whole job on to the job of today.

I have heard Dr. W. J. Mayo give the same advice in a rather more pragmatic way. Doubtless many of you have heard him say, or have read his expression of the same thought. When asked how the mousetrap in the wilderness had caused men to wear a path to Rochester, he replied, in substance, and with all proper modesty: "By building a better mousetrap." He denied great vision, far-sighted planning, or great organizing ability. I quote him with more detailed accuracy as follows:

"By doing the day's work the best we know how.

"By deciding each day's question each day as wisely as we can."

With the negative side of the opinions of these two great men, we may not agree. We may even say that in that negative side they did not mean what they said. Both Osler and Mayo carried the teachings of yesterday into the performance of today. Both of them looked far into the future and dreamed dreams. What they meant was that they put the job of today foremost and neither the joys nor regrets of yesterday, nor the dreams of tomorrow were allowed to crowd it from the center of the stage. The day's job of service by this health unit for this neighborhood should come first.

The second suggestion relates rather closely to the first. In fact, it may be considered a quality of the first.

There is another purpose besides saving time and transportation in the plan of eccentric development of a health department. A

health department located in the city hall in the central district is like the Indian's Great Father in Washington. It is a long way off; it is very impersonal; it is official, machine-like, regulatory. A mayor of Chicago once abolished the health department and gave the work over to the police department, saying health work was nothing but police work. In the beginnings of health work, the health commissioner was known as the health officer, and most of the field men were known as sanitary police. The centralized health department finds great difficulty in escaping from the mass thought which these various citations bring to mind.

The fundamental work of a health department is to change customs and habits. The battle against specific diseases as such is incidental. A health department tries to control typhoid fever. What they are really trying to do is to modify all those customs out of which typhoid fever grows as a natural product.

If a given child has scarlet fever, it is because the habits and customs of people are such that the infective sick endanger the susceptible well. No man of a philosophic turn of mind can regard any disease, even the most specific, as other than incidental.

We read that in 1925 there were but three cases of yellow fever on the American continent. What does this mean? Several things. It means that so far as the great bulk of people is concerned the customs and habits have changed so that yellow fever does not fit. But whence the three cases? They mean that somewhere on the South American continent there are peoples among whom yellow fever fits so perfectly that it is trivial, unimportant and rarely attracts any attention.

We read of conquered diseases,— diseases that have disappeared. And many of these statements are true. We also read of new diseases — diseases just evolving; and others that occasionally break out of their habitats and cause great pandemics. Diseases are incidents. The fundamentals are habits, customs and constitutions.

It is not easy to change habits, customs and constitutions from above. It is not easily done as a regulatory procedure, or by police power. It is best done by neighborly influence and example. Therefore, a health unit which is a branch health department should be an efficient agency. It is the old town hall in the health field, the meeting place of the friends. A neighbor. If this unit can coin that thought into maxims and build their attitudes on it, they will make the day's job easier.

We are committed to the policy of democracy. If we are to escape the history of the Egyptians, Persians, Indians, Chinese, Mayans, Aztecs and Incas — either a total extinction, or else an innocuous, fireless, impotent living on — it will be because the rank



and file learn the principles of life, and have the character and brains to apply them to himself, his wife, his man servant and maid servant, his ox and his ass.

Experience has shown, in the countries named, that direction from the top will not stay the working of destiny; it is either self-help or nothing. A center or unit to change habits and customs must work on the principal of self-help. That they can do better than a centralized department can.

My third suggestion may be regarded as a laboratory activity. It may be that Doctor Mahoney may want to try it out on this test tube. If not, I hope he will on some test tube somewhere in this great laboratory of life which men call Boston.

It is: Teaching the people the importance of the unimportant.

I know of no better way to find out what kinds of diseases are regarded as important than to examine the budget of a health department and study their activities. Such study indicates that the public are interested in two groups of diseases. They are those having high death rates and those that are communicable. The health commissioner studies his list of deaths and their causes, and decides to spend money and effort on those diseases which come near the head of the column. He then takes up the reports of communicable diseases, and decides between them on the basis of two qualities,—prevalence and communicability.

Both of these qualities leave to one side as unimportant at least two groups of very important diseases. One of these is sometimes called the minor diseases, and especially the acute infections of the nose, throat and bronchial tubes, other than diphtheria and measles; and the other those diseases of the heart, blood vessels and kidneys which are commonly designated as the degenerative diseases.

The United States Public Health Service made a study of the prevalence of sickness among 7,200 people in Hagerstown, Md., during a period of twenty-eight months. This study showed that 60 per cent of all sickness was due to the acute respiratory disorders, but that these same disorders caused less than 20 per cent of the deaths.

A great many studies of disease prevalence among large groups have been reported. Most of these are reports of sickness absenteeism in industrial groups. While these statistics vary greatly, dependent principally upon whether the country of absenteeism begins with part day absenteeism, one day, three day or eight day, they all show that common colds, coughs, sore throats are responsible for most of the illness.

If, to these causes, we add headache, constipation, diarrhea and other minor digestive ills, and menstrual disorders, we get a group



that causes much more than three-quarters of all the illness responsible for absenteeism. If we could add the minor illnesses which do not cause absenteeism, the minor illnesses of the same order of housewives, children and others not employed outside the home, the disproportion would be greater. And the other disorders in the group make no showing in the list of the causes of death. Neither are they communicable. Therefore, they are disregarded by health departments.

The Life Extension Institute recently issued a study of degenerative diseases, calling them "silent sickness." Of these, I will speak next.

By contrast, the respiratory group and their companions in crime are loud speakers, but the health departments are not tuned in on the right wave length. They talk in terms of illness, discomfort, pain, absence from work, and secondary illnesses, but not in the terms of death, and the health department and the medical profession — all other health agencies — hear them not.

On the other hand, the degenerative diseases in this Hagerstown study caused 34.7 per cent of the deaths and only 3.2 per cent of the definitely recognized illness, the illness receiving such recognition as sickness absence from work implies. That kind of illness the Life Extension Institute called "The Silent Sickness." It talks, but the people are not tuned in on the right wave length to hear it. I may add that in spite of the large number of deaths caused by the diseases in this group, neither are the health departments tuned in on the right wave length.

How does this come into the young life of the East Boston unit? If those who run the center will make the neighbors feel that this center is their health town hall — their neighbor and their avatar — the minor disorders so important will find a way to a new wave length, or will teach others to tune in on the present one. The voice now cries out in the wilderness. But the ears need not hear it. Remedies of prevention can be found. And, when found, a center can be an agency for applying them.

With respect to "the silent sicknesses," through a center the people can learn to tune in early on the wave lengths through which these diseases try to warn of their presence.

In this group the factor of personal hygiene, behavior, habits and even custom enter to an unusual degree. Here, too, comes a field in which a health unit can work to good advantage.

The fourth suggestion relates to the use of all illness for the purpose of training the sick person and his family. For a long time intelligent consumptives have received liberal education in personal hygiene in sanatoria. After an average residence there of

less than a year, they have emerged, not only convalescent, but trained in the art of keeping well.

Next, diabetes entered the list of diseases in which it is accepted that the proper medical care of the patients consists in training the patient in the art of personal hygiene. Now, heart disease is taking its place in the list.

Almost unconsciously, under the urge of an unrecognized force, the practice of medicine has been undergoing the most radical and revolutionary change which has come since the days of Galen and Hippocrates.

There are small libraries for public guidance on such subjects as consumption and diabetes. I have a series of booklets, intended as pathfinders and trail blazers, which I call the "How to Live With Series." They tell people how to live in some comfort and efficiency with abnormal blood pressure, Bright's disease, epilepsy, after apoplexy, in spite of menstrual disorders, care of the cured consumptive. There are none on diabetes and infant care because these subjects are already covered by good books readily available. There will be others in my series.

Presently, the whole field will be covered by those who write of their experiences in the field of disease.

The thought that I have is that every illness, sufficiently serious or disabling to send a person to a hospital, or to keep him in bed, or away from work for a fair period, should be made use of to teach the patient personal hygiene. The patient should go back to work knowing how to live with his chronic disease, how to prevent it from advancing, how to protect himself against breakdowns, how to eat, how to exercise, and so on, through the curriculum.

Every person in many large groups, including the consumption group, the diabetic group and the heart disease group should earn for himself the degree of bachelor of the art of living. Every prolonged illness should offer an opportunity for this course of training and every physician, hospital and dispensary should consider such training as a part of the care of the sick.

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## AUTUMN MEETING OF MASSACHUSETTS STATE NURSES' ASSOCIATION.

The Massachusetts State Nurses' Association will hold its autumn meeting at Hotel Bancroft, Worcester, Mass., October 8 and 9. Friday will be given to registration and welcoming of guests and delegates. Saturday will be devoted to papers and discussions of nursing problems by leaders in medical and nursing professions.

MARY ALICE McMAHON, *Chairman.*

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during August. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.33	3.80	16
Allen, Fred H.....	12.06	3.55	7
Antetomasso, Peter.....	12.57	3.95	18
Barron, Clarence W.....	13.32	4.23	15
Bergmann, John H.....	12.68	4.00	18
Bolio, William J.....	13.44	4.70	70
Brandley, T. J., & P. J.....	12.70	4.05	10
Casey, James D.....	13.46	4.80	10
Cashin, James F.....	12.35	3.90	21
Cedar Hill Farms.....	13.36	4.05	11
Chapin, George H.....	12.32	3.78	2
Childs Brothers.....	12.67	3.88	16
Clapp, Frank L.....	12.74	3.90	16
Clark, Levi.....	12.10	3.70	40
Converse, Marquis M.....	12.27	3.63	16
Corkery, John H.....	12.05	3.56	47
Cosgrove, Martin S.....	12.55	3.83	151
Cummings, Francis S., Company.....	12.07	3.62	25
Cunningham, Paul.....	12.62	4.10	3
Cusick, William H.....	12.64	3.78	29
Deerfoot Farm Milk Company.....	12.44	3.88	7
Denehy, Timothy.....	12.15	3.40	20
Driscoll, William B., Company.....	12.48	3.88	70
Duggan Brothers.....	12.74	3.90	20
Edgerly, Frank S.....	12.32	3.87	13
Elm Spring Farm Milk Company.....	12.20	3.75	24
English, J., & Son.....	12.66	3.90	16
Ferguson, Malcolm D.....	12.21	3.73	282
Furbush, Almon J.....	13.41	4.73	141
Garfield, Mason.....	14.31	4.93	9
Garvin, Charles E.....	13.32	4.53	6
Giroux, J. E., & H. J.....	12.24	3.60	70
Greenblatt, Benjamin R.....	12.35	3.72	19

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Griffin, Joseph L.....	12.36	3.60	16
Gushee, Chester W.....	12.57	3.57	142
Hagar, J. M., & Son, Inc.....	12.42	3.65	30
Herlihy Brothers, Inc.....	12.38	3.78	35
Hickey, Martin J.....	12.32	3.80	16
Holden, John E.....	12.49	3.90	18
Hood, H. P., & Sons, Inc.....	12.46	3.84	39
Hutchinson, Frank T.....	12.19	3.73	34
Jones, William T., Company.....	12.28	3.70	55
Kendall Brothers Company.....	12.17	3.66	221
Kingston, Samuel.....	13.02	4.28	27
Klaw & Freeman.....	12.58	3.80	32
Knapp, George J.....	12.62	3.60	183
Lang Brothers.....	12.27	3.70	108
Larson, Charles.....	12.21	3.57	187
Lincoln Farms, Inc.....	11.97	3.77	28
Lyndonville Creamery.....	12.65	3.82	163
Manning, Peter.....	11.98	3.47	11
Maple Farm Milk Company.....	12.09	3.63	225
McAdams, John F.....	12.65	4.03	17
McKernan, John.....	12.54	3.85	32
Millwood Farms, Inc.....	12.12	3.63	128
Munchback, George.....	12.66	3.80	40
Newton & Pope.....	12.46	4.00	2
Noble, William F., & Sons.....	12.66	4.03	30
Robinson, Albert J.....	12.62	3.95	32
Robinson, J. A.....	12.07	3.57	16
Runkle, J. C.....	13.10	4.12	17
Schuster, Adam.....	12.63	3.85	23
Seven Oaks Dairy Company.....	12.25	3.80	93
Shick, Jacob.....	12.53	3.70	19
Shopnick, Louis.....	12.42	3.60	409
Somerset Farms Milk Company.....	12.59	4.48	20
Sterling Farms Milk.....	12.32	3.63	15
Stone, Howard L.....	12.34	3.77	17
Stuart, Wallis E.....	12.55	3.95	21
Sullivan, J. L.....	12.42	3.75	449
Swett, Warren.....	12.63	3.88	77
Turner Centre System, Inc.....	12.44	3.86	35



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
United Farmers' Co-operative Creamery Company.....	12.46	3.78	10
Vartanian, Kazar.....	12.00	3.65	46
Vartanian, S.....	12.68	4.55	22
Walker-Gordon Laboratory Company.....	13.45	3.83	4
Weiler, E., & Sons.....	12.03	3.53	13
Werner, F., Company.....	11.85	3.64	160
Westwood Farms Milk Company.....	12.16	3.65	20
White Brothers.....	12.17	3.65	25
Whiting Milk Company.....	12.31	3.83	10
Whittemore, W. D.....	12.56	3.88	22
Wiswall, Granville A.....	12.35	3.80	32
Woodland, Charles L.....	12.09	3.85	43

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.25	3.83	213
The Cloverdale Company.....	Turner Centre System, Inc..	12.40	3.85	40
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.65	4.01	14
Economy Grocery Stores Company.	Whiting Milk Company....	12.25	3.75	34
The Ginter Company.....	Ginter Company.....	12.69	4.03	124
Morgan Brothers Company.....	Morgan Brothers.....	12.44	3.90	12
O'Keeffe's, Inc.....	Bellows Falls Co-operative Creamery Company.	12.67	4.07	41
Winer, M.....	Hyman Winer.....	12.45	3.63	26

### AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, BUFFALO, N. Y., OCTOBER 11-14, 1926.

The fifty-fifth annual meeting of the American Public Health Association will be held in Buffalo, N. Y., October 11-14, with the Hotel Statler as headquarters. The program excellently reflects the present-day problems in the public health field. Milk pasteurization and control, ventilation, measles, rural hygiene and pollution of boundary waters are some of the subjects that will receive particular attention in special sessions or in the sessions of the nine sections of the Association (Public Health Administration, Laboratory, Vital Statistics, Public Health Engineering, Industrial

Hygiene, Food and Drugs, Child Hygiene, Health Education and Publicity and Public Health Nursing).

The program promises to furnish stimulating discussions of mooted questions and the first announcement of several new investigations and studies.

There will be special sessions on mental hygiene, teaching of health in colleges, and two full half days will be devoted to the subject of providing a safe milk supply. The program this year will be an unusually large one, thirty-five sessions having been scheduled. The meeting will close with a special dinner session on health demonstrations in the United States. This will be followed on the succeeding day by a trip to the demonstrations in New York State.

Health officers attending the annual meeting at Buffalo can count upon securing help on their local problems not only from the sessions, where a wide variety of topics will be presented, but the Field Service of the Committee on Administrative Practice will maintain its customary consultation desk. This will be conveniently located near the registration desk and the field director will be very glad to consult with any health officer regarding his local health problems.

Members of the Association and their families will receive a 25 per cent reduction in railroad fare traveling to and from the meeting. Nonmembers may make application for reduced fare to Mr. Homer N. Calver, Executive Secretary, American Public Health Association, 370 Seventh avenue, New York City. The secretary will also gladly furnish additional information regarding the meeting and the program.

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## PROMPT REPORTING OF COMMUNICABLE DISEASES.

At this season of the year, coincident with the advent of cooler weather, the return of summer vacationists, and the opening of schools, there is always an increase in the prevalence of communicable diseases. The rapidity and extent of this early autumnal increase seems to be an important factor in determining the prevalence of communicable diseases during the remainder of the year. There has been some talk of a recurrence of influenza this fall and winter.

Success in preventing the spread of communicable diseases depends upon the prompt and effective isolation of those who may be dangerous to others, and, to a great extent, this must mean the isolation of cases of sickness before a positive diagnosis can be made. In this matter the general public must inevitably rely on the practising physicians; for such assistance as the Boston Health Department can bring to bear for the protection of public health

is ordinarily available only when dangerous, or possibly dangerous, individuals are brought to its attention by such physicians.

The Health Department hopes that a special effort will be made by parents and physicians to report promptly all cases of communicable disease that come to their attention,— the parent to the physician, and the physician to the Health Department. Influenza, lobar pneumonia, and venereal diseases must also be reported directly to the local department.

It should not be forgotten that now is a good time to become vaccinated against smallpox, to be inoculated against typhoid fever, and to be immunized against diphtheria. The tremendous strides that have been made in combating these diseases have been made possible only by these methods of public health progress, but still greater progress may be made if all of the people of the community take advantage of the means and methods that are open to them to avoid these diseases. The physician will co-operate, as will the Health Department, but the citizen must assist, and this can be done if he will see to it at once that he and his family receive the protection that is offered them.

#### TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING AUGUST, 1926.

CLASSIFICATION.	Number.	Percentage.
After death.....	8	15.38
Seven days or less.....	4	7.69
Eight to fourteen days, inclusive.....	1	1.92
Fifteen to twenty-one days, inclusive.....	0	—
Twenty-two to thirty-one days, inclusive.....	4	7.70
WITHIN FIRST MONTH. (Total).....	17	32.69
Within second month.....	3	5.76
Within third month.....	2	3.85
Within fourth month.....	6	11.53
Within fifth month.....	1	1.92
Within sixth month.....	1	1.92
Within seventh month.....	2	3.85
Within eighth month.....	0	—
Within ninth month.....	2	3.85
Within tenth month.....	2	3.85
Within eleventh month.....	1	1.92
Within twelfth month.....	0	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	37	71.14
Within second year.....	4	7.70
Within third year.....	2	3.85
More than three years.....	9	17.30
Grand totals.....	52	99.99

# SUMMARY OF THE WORK, AUGUST, 1926.

## BUREAU OF ADMINISTRATION.

	Aug.		Aug.
Prosecutions ordered . . . . .	6	Personnel:	
Legal notices . . . . .	169	Resignation . . . . .	1
Lying-in Hospital approved . . . . .	1	Leave of absence . . . . .	3
Lying-in Hospital disapproved, . . . . .	1	Appointments, temporary . . . . .	2
Stable hearings . . . . .	1	Transfer . . . . .	1

## LICENSES, PERMITS, ETC., ISSUED.

	Aug.		Aug.
Beverages . . . . .	4	Milk . . . . .	125
Burial permits . . . . .	982	Permit for fowl revoked . . . . .	1
Denatured alcohol . . . . .	5	Pedlers . . . . .	89
Dump approved . . . . .	2	Sausage manufacturing . . . . .	1
Hen licenses . . . . .	52	Stable permit granted pro-	
Manicure-massage . . . . .	115	visionally . . . . .	1

## MEDICAL DIVISION.

	Aug.		Aug.
Visits:		Cases brought to Boston for	
By medical inspectors . . . . .	595	treatment . . . . .	89
By veterinarian . . . . .	141	Deaths investigated . . . . .	18
By investigators . . . . .	228		

## NURSING SERVICE.\*

### MEDICAL AND CHILD HYGIENE DIVISIONS.

	Aug.
Homes visited . . . . .	<u>9,093</u>
Total number of new cases visited . . . . .	1,886
Total number of old cases visited . . . . .	6,827
Total number of new and old cases visited † . . . . .	<u>8,713</u>
Wrong address . . . . .	146
Not seen* . . . . .	1,442
Communicable disease visits . . . . .	1,587
Infant death investigations (inclusive in homes visited) . . . . .	59
Maternal death investigations (inclusive in homes visited) . . . . .	2
Patients accompanied to hospital . . . . .	2
Other special visits * . . . . .	130
Nurses' visits to day nurseries . . . . .	6
Total number of all visits ‡ . . . . .	<u>10,499</u>
Number hours spent in stations by nurses . . . . .	1,313
Number hours spent in conference by nurses . . . . .	1,673

## HEALTH UNITS.

### MISCELLANEOUS UNIT ACTIVITIES:

	Aug.
Complaint of insanitary conditions . . . . .	7
Number of persons given health and other information . . . . .	240

\* Visits also included in report of "Medical Division" and "Health Units."

† Includes 199 ophthalmic visits.

‡ Includes follow up visits on tuberculosis sanatoria cases.



	Aug.
City visitors . . . . .	9
Out of city visitors . . . . .	11
DENTAL SERVICE:	
Number of operations . . . . .	230
Number of dismissals . . . . .	5
Number of children treated . . . . .	190
Prophylaxis . . . . .	46
MEDICAL DIVISION OF HEALTH DEPARTMENT:*	
Work performed by medical inspector:	
Vaccinations performed by medical inspector . . . . .	123
Number of vaccination certificates issued . . . . .	55
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	67
Number of children examined for day nurseries . . . . .	296
Nurses' visits:†	
Communicable disease visits by nurses in district . . . . .	61
CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡	
Number of child health conferences . . . . .	18
Total attendance at child health conferences . . . . .	825
New babies at conferences . . . . .	114
Number of pre-school conferences . . . . .	33
Home visits to babies and pre-school children . . . . .	1,084
Infant deaths investigation visits . . . . .	6
Special visits . . . . .	8
BOSTON SANATORIUM:	
Calls made by nurses in the district . . . . .	931
Tubercular Contacts Roof Clinic:	
Total attendance . . . . .	1,246
Average per session . . . . .	26
BOSTON LYING-IN HOSPITAL:	
Pre-natal Clinic:	
Number of clinics . . . . .	5
Attendance . . . . .	94
New cases . . . . .	20
COMMUNITY HEALTH ASSOCIATION:	
General Division:	
Home visits by nurses . . . . .	2,347
BOSTON DISPENSARY:	
Calls by district physician . . . . .	14
BOSTON SCHOOL DEPARTMENT:	
Total Attendance . . . . .	4,385
Average per session . . . . .	89

**MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,  
AUGUST, 1926.  
SYPHILIS.**

Under investigation . . . . .	23
New cases during . . . . .	15
Total . . . . .	<u>38</u>

\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

DISPOSITION OF CASES.	
Placed under treatment . . . . .	3
Unable to locate . . . . .	7
False address given . . . . .	4
Under investigation . . . . .	24
Total . . . . .	<u>38</u>
New cases reported by number . . . . .	<u>101</u>

GONORRHEA.	
Under investigation . . . . .	54
New cases during . . . . .	61
Total . . . . .	<u>115</u>

DISPOSITION OF CASES.	
Placed under treatment . . . . .	18
Unable to locate . . . . .	25
False address given . . . . .	15
Under investigation . . . . .	57
Total . . . . .	<u>115</u>
New cases reported by number . . . . .	<u>283</u>

SUMMARY.	
Cases under investigation . . . . .	77
New cases during . . . . .	76
Total . . . . .	<u>153</u>

DISPOSITION OF CASES.	
Placed under treatment . . . . .	21
Unable to locate . . . . .	32
False address given . . . . .	19
Under investigation . . . . .	81
Total . . . . .	<u>153</u>
Visits by investigator . . . . .	<u>225</u>

VENEREAL COMPLAINTS AND SOURCES OF INFECTION.	
Under investigation . . . . .	3
New cases . . . . .	4
Total . . . . .	<u>7</u>

DISPOSITION OF CASES.	
Under treatment . . . . .	3
Under investigation . . . . .	2
Treatment not needed . . . . .	2
Total . . . . .	<u>7</u>

# CHILD HYGIENE DIVISION.

## AUGUST REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school.	Total Attendance.	Number of New Babies.	Number of New Preschool	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	161	12	173	46	6	52	4	43
31 Lincoln street.....	94	8	102	26	4	30	4	25
CHARLESTOWN.								
Charlestown Municipal Building....	327	14	341	45	4	49	9	38
DORCHESTER.								
Codman Square Library Building....	464	58	522	87	28	115	9	58
Columbia Road Municipal Building..	516	9	525	69	3	72	9	58
7 Gordon place.....	327	18	345	113	14	127	5	69
EAST BOSTON.								
Health Unit.....	367	62	429	72	16	88	6	71
406 Meridian street.....	76	1	77	13	0	13	2	38
16 Chelsea street.....	25	3	28	2	0	2	1	28
177 Webster street.....	45	7	52	15	0	15	2	26
HYDE PARK.								
Hyde Park Municipal Building.....	239	35	274	66	4	70	5	55
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	237	26	263	29	9	38	4	66
NORTH END.								
41 North Margin street.....	250	88	338	69	26	95	9	37
ROSLINDALE.								
Roslindale Municipal Building.....	223	29	252	26	6	32	5	50
ROXBURY.								
Beth Israel Hospital.....	202	21	223	35	4	39	5	44
Children's Hospital.....	129	6	135	26	1	27	5	27
1049 Columbus avenue.....	440	53	493	99	20	119	9	53
Vine Street Municipal Building.....	347	22	369	47	9	56	5	74
SOUTH BOSTON.								
Carney Hospital.....	325	13	338	107	6	113	9	37
SOUTH END.								
70 Emerald street.....	143	23	166	19	3	22	4	42
640 Harrison avenue.....	110	43	153	16	13	29	4	38
46 Lovering street.....	133	30	163	19	5	24	4	42
Shawmut Avenue Municipal Building,	161	27	188	19	7	26	5	38
122 Tyler Street.....	78	19	97	17	2	19	5	19
WEST END.								
17 Blossom street.....	431	78	509	51	5	56	9	56
Totals.....	5,850	705	6,555	1,133	195	1,328	138	475

# NUMBER OF TOXIN AND ANTITOXIN TREATMENTS AT EACH STATION DURING AUGUST, 1926.

STATION.	TOXIN-ANTITOXIN.		
	First.	Second.	Third.
Old Town Hall, Brighton.....	6	6	2
31 Lincoln street, Allston.....	4	13	5
Charlestown Municipal Building.....	3	5	5
Codman Square Library Building.....	17	15	8
Columbia Road Municipal Building.....	17	12	5
Gordon place, Dorchester.....	11	11	9
East Boston Health Unit.....	7	9	11
Chelsea street, East Boston.....	2	3	3
406 Meridian street, East Boston.....	1	0	0
177 Webster street, East Boston.....	1	2	8
Hyde Park Municipal Building.....	5	3	4
Curtis Hall, Jamaica Plain.....	5	3	3
41 North Margin street.....	0	0	0
Roslindale Municipal Building.....	5	1	1
Beth Israel Hospital.....	10	4	3
Children's Hospital.....	0	0	0
1049 Columbus avenue.....	21	12	20
Vine Street Municipal Building.....	18	20	20
Carney Hospital.....	142	116	113
70 Emerald street.....	10	12	6
640 Harrison avenue.....	13	11	5
46 Lovering street.....	11	4	1
Shawmut avenue.....	7	8	2
Tyler street.....	4	6	5
17 Blossom street.....	2	2	0
Totals.....	322	278	239
Totals, all stations.....			839

## FOOD INSPECTION DIVISION.

### MARKET, STORE [AND RESTAURANT SERVICE.

	Aug.
Stores inspected . . . . .	4,004
Sanitary defects remedied . . . . .	98
Complaints at office . . . . .	33
Referred to Sanitary Division . . . . .	11
Reinspections . . . . .	233
Notices to abate nuisances . . . . .	31
Court cases . . . . .	4



	Aug.
Placed on file . . . . .	4
Applications for pedlers' licenses approved . . . . .	98
Vehicles inspected and approved . . . . .	648
Laboratory Examinations:	
Bacteriological . . . . .	5
Chemical . . . . .	5

#### CONDEMNATIONS.

Meats:		Sweetbreads . . . . .	87
Beef . . . . . 330 pounds		Tongues . . . . .	12
Fresh shoulder . . . . . 5½ pounds		Veal . . . . .	1,549 pound
Ham . . . . . 9 pounds		Fruit:	
Hearts . . . . . 3		Melons . . . . .	82
Lamb . . . . . 23 pounds		Peaches . . . . .	4 baskets
Livers . . . . . 24		Vegetables:	
Offal . . . . . 1 box		Butter beans . . . . .	4 baskets
Plucks . . . . . 57		Miscellaneous:	
Pork . . . . . 167 pounds		Nut caramel . . . . .	1 pound
Poultry . . . . . 298½ pounds			

#### LIVE STOCK INSPECTION (Brighton Abattoir).

	Aug.		Aug.
Cattle inspected . . . . .	872	Parts condemned (lbs.) . . . . .	398
Calves inspected . . . . .	12	Animals condemned . . . . .	5
Swine inspected . . . . .	1,684		

#### DAIRY DIVISION.

	Aug.		Aug.
Total inspections . . . . .	1,156	Inactive . . . . .	22
Dairies inspected . . . . .	719	Total cattle inspected . . . . .	12,460
Scoring above 50* . . . . .	387	Inspections of milk plants and	
Scoring below . . . . .	332	licensed dealers . . . . .	255
With milk rooms . . . . .	394	Country creamery inspections . . . . .	14
Without milk rooms . . . . .	325	Sediment tests . . . . .	107

\* Passable mark.

#### BUREAU OF MILK INSPECTION.

##### SAMPLES EXAMINED.

CHEMICAL:	Aug.
Milk from wagons . . . . .	283
Milk from stores . . . . .	1,043
Milk brought by citizens . . . . .	7
Vinegar . . . . .	216
Ice cream . . . . .	41
Pears . . . . .	4
Whiskey . . . . .	3
Orangeade . . . . .	1
Water . . . . .	1
BACTERIOLOGICAL:	
Milk . . . . .	520
Ice cream . . . . .	99

	Aug.
Wash water . . . . .	60
Court cases . . . . .	22
Fines . . . . .	\$215

### SANITARY INSPECTION.

	Aug.		Aug.
Original inspections . . . . .	1,280	Complaints investigated . . . . .	807
New reports . . . . .	2,139	Court cases authorized . . . . .	2
Reinspections . . . . .	6,230	Fines . . . . .	\$10
Legal notices served . . . . .	162		

### BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	355
Tuberculosis . . . . .	203
Typhoid . . . . .	52
Gonorrhea . . . . .	747
Gonorrheal ophthalmia . . . . .	90
Syphilis . . . . .	1,268
Other examinations* . . . . .	58
Bacteriological examinations of milk . . . . .	520
Bacteriological examinations of ice cream . . . . .	99
Rinse waters examined . . . . .	60
Swimming pools . . . . .	40
Water examination for pollution . . . . .	10

\* Malaria, 6; feces for typhoid, 10; urine for typhoid, 10; genito-urinary tuberculosis, 15; paratyphoids, 2; ear smear for organisms, 1; beef for putrefaction, 1; salad dressing for typhoid, 1; bread for organisms, 1; bread for poison, 1; specimen for hookworm, 1; specimen for amœba, 1; blood culture for organisms, 1; dark field examinations, 7.

## NEW ENGLAND HEALTH INSTITUTE, CONCORD, N. H., SEPTEMBER 27 – OCTOBER 1, 1926.

Health instruction will have the right of way at Concord, N. H., from September 27 to October 1, for New England men and women who are in any way interested in public health.

State and community leaders, health officers, physicians, nurses, educators, pure food directors, social workers, leaders in the public health movement, employers, club women, advertising experts, editors and heads of families are all especially invited.

The institute will include sixty lectures by national and international authorities on the conservation of health.

This splendid course — of great value to every family and every community in New England — is under the auspices of the United States Public Health Service, the New England State Health Departments, the Yale and Harvard Schools of Public Health and the departments of public health and biology of the Massachusetts Institute of Technology and Simmons College.

There is no charge for the course except the registration fee of \$1.

A postcard request — addressed to the State Board of Health, Concord, N. H., — will bring you a copy of the program.

Come — you will be welcome.

# VITAL STATISTICS, AUGUST, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING AUGUST,  
1926, WITH COMPARATIVE FIGURES FOR AUGUST, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>ALL CAUSES:</b>						
Total deaths.....	770	812	—42	11.74	12.44	— .70
Nonresidents deducted.....	599	656	—57	9.13	10.05	— .92
<b>BY AGE:</b>						
Under one year.....	157	114	+43	2.39	1.75	+ .64
One year to four years, inclusive.....	45	34	+11	.69	.52	+ .17
Sixty years and over.....	244	304	—60	3.72	4.66	— .94
<b>BY SPECIAL CAUSES:</b>						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	37	50	—13	.56	.77	— .21
Arteriosclerosis.....	14	34	—20	.21	.52	— .31
Heart disease.....	112	112	.....	1.71	1.72	— .01
Nephritis, chronic.....	37	40	—3	.56	.61	— .05
<b>INFANT AND MATERNAL MORTALITY:</b>						
a. Total registered live births.....	1,692	1,729	—37	25.79	26.49	— .70
b. Registered stillbirths.....	38	47	—9	.58	.72	— .14
Stillbirths per 1,000 births and stillbirths.....				21.96	26.46	—4.50
c. Deaths of mothers from causes incident to childbirth.....	10	12	—2	.15	.18	— .03
Deaths of mothers per 1,000 births and stillbirths.....				5.78	6.76	— .98
Deaths of children in first year of life....	157	114	+43	2.39	1.75	+ .64
Deaths in first year per 1,000 live births, .....				92.79	65.93	+26.86
<b>VIOLENCE:</b>						
Accidents.....	43	38	+5	.65	.58	+ .07
Homicides.....	—	4	—4	—	.06	— .06
Suicides.....	7	10	—3	.11	.15	— .04
<b>MISCELLANEOUS:</b>						
Alcoholism, acute or chronic.....	6	13	—7	.09	.20	— .11
Broncho-pneumonia.....	20	23	—3	.30	.35	— .05
Cancer.....	101	108	—7	1.54	1.65	— .11
Cirrhosis of the liver.....	4	4	—	.07	.06	+ .01
Diabetes mellitus.....	9	11	—2	.14	.17	— .03
Diarrheal diseases, children under two years of age.....	50	33	+17	.76	.50	+ .26

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, AUGUST, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
COMMUNICABLE DISEASES:						
Anterior poliomyelitis.....	Cases.. 6	5	+1	.09	.08	+.01
Deaths..	1	—	+1	.015	—	+.015
Cerebrospinal meningitis.....	Cases.. 3	—	+3	.04	—	+.04
Deaths..	1	—	+1	.015	—	+.015
Diphtheria.....	Cases.. 32	46	—14	.49	.70	— .21
Deaths..	1	3	—2	.015	.04	— .025
Influenza.....	Cases.. 4	5	—1	.07	.08	— .01
Deaths..	—	1	—1	—	.015	— .015
Measles.....	Cases.. 76	71	+5	1.16	1.09	+.07
Deaths..	2	6	—4	.03	.09	— .06
Pneumonia (lobar).....	Cases.. 33	27	+6	.50	.41	+.09
Deaths..	12	13	—1	.18	.20	— .02
Scarlet fever.....	Cases.. 77	68	+9	1.17	1.04	+.13
Deaths..	3	—	+3	.04	—	+.04
Tuberculosis (pulmonary).....	Cases.. 145	139	+6	2.21	2.13	+.08
Deaths..	52	57	—5	.79	.87	— .08
Tuberculosis (other forms).....	Cases.. 37	18	+19	.56	.27	+.29
Deaths..	6	11	—5	.09	.17	— .08
Typhoid fever.....	Cases.. 8	17	—9	.12	.26	— .14
Deaths..	—	2	—2	—	.03	— .03
Whooping cough.....	Cases.. 151	220	—69	2.30	3.37	—1.07
Deaths..	3	8	—5	.04	.12	— .08

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



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# MONTHLY BULLETIN HEALTH DEPARTMENT



## CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, OCTOBER, 1926.

No. 10

### IMMUNIZATION AGAINST TUBERCULOSIS.

It has long been evident that somehow many human beings manage to acquire what practically amounts to an immunity to tuberculosis, at least so far as active tuberculous disease is concerned.

Notwithstanding all our popular education regarding the contagiousness of tuberculosis, one can hardly hope to avoid very long after birth in a crowded urban population some good-sized doses of the tubercle bacilli from human or animal sources. There is ample justification for the statement sometimes heard that under present living conditions in this country it is as hopeless to expect to escape the tubercle bacillus as the colon bacillus. Subsequent investigations have tended to confirm the conclusion reached in the Framingham experiment that about one <sup>21</sup> tenth of the human population in this part of the country are throwing off tubercle bacilli, to say nothing of opportunity for animal infection.

The frequency with which multiple cases of fatal tuberculosis may occur in a family give rise to the old belief that tuberculosis was hereditary. Under the more modern conception of the matter, it is therefore often easy to attribute active tuberculous disease, especially in childhood, to other active cases in human associates, but a health officer in a city like Boston sees more instances in which

such association under conditions apparently most favorable to infection produces no recognizable ill effects in exposed individuals.

Even the apparent variation in the susceptibility to the development of active tuberculous disease in individuals may seem from the experience of Germany in recent years to be determined more by other factors than by opportunity for infection. Evidently, as the result of war conditions, the increase in Germany in the death rate from tuberculosis and in manifestations of active tuberculous disease was most striking. The death rate is now down practically to the pre-war level. In the meantime housing conditions have improved little if any to reduce opportunity for infection, thus suggesting improvement rather in the food supply as the important factor in lowering the death rate from tuberculosis.

Not only is there evidence of practical immunity to active tuberculous disease on the part of individuals, but there is equally striking evidence that the proportion of such people in our population has been increasing for many years. In no other way can our decreasing death rate from tuberculosis be explained. With some fluctuations, it has been steadily tending downward in Boston for seventy years, as long as our vital statistics justify any conclusions.

Not one fifth as many people in proportion to the population now die annually of tuberculosis in Boston as seventy years ago. The death rate from tuberculosis had decreased markedly before Koch's discovery of the tubercle bacillus in the eighties, and a large part of the decrease since then had taken place before any possibly effective measures had been undertaken to lessen opportunity for infection. In fact, evidence of the increasing immunity of our population to active tuberculous disease is so striking as to make one question whether conventional methods of combatting tuberculosis are having any more effect on the death rate from the disease than the waving of red flags has had in reducing mortality from smallpox.

Such evidence of immunity to tuberculosis in human beings as well as in animals has been serving, ever since the discovery of the tubercle bacillus, to stimulate efforts to produce immunity artificially,

The hope of finding a way to vaccinate against tuberculosis has virtually been involved in all the work to discover a cure or an effective means of treating an active tuberculous process. As with the latter, many false starts have been made. Assumptions based on our knowledge of the characteristics of other bacteria have had to be discarded.

Expectations have been raised which have led to bitter disappointment. It is probably for these reasons as well as because of our inability to explain some of the complicated phenomena

resulting from infection with the tubercle bacillus that what we really have learned about the biology of tuberculous infection is so generally ignored.

A timely reminder that we are gradually accumulating dependable knowledge which is going to show us some day a natural logical solution of the tuberculous problem, undoubtedly resembling the procedure which we have already learned to apply to control effectually smallpox, typhoid fever and diphtheria, is to be found in an article by A. Calmette and C. Guérin; L. Nègre and A. Boquet (Institut Pasteur) appearing in the "Bulletin de l'Union Internationale contre la Tuberculose," for April, 1926.\*

In this article the authors trace briefly the work of more than twenty years pointing directly to the possibility of successful vaccination against tuberculosis and explaining why in the light of present knowledge efforts to that end have hitherto failed.

Reference is made to the fact that "it has been long suspected that certain forms of the disease or benign spontaneous tuberculous lesions, appear to confer at least a relative resistance to subsequent superinfections," and that in 1886 Marfan, "on the strength of clinical and statistical observations, had come to the conclusion that healed lupus and tuberculous glands protect against a new infection."

After reviewing the study and experiments which have been made relative to the production of immunity the authors make the following statement which recalls Jenner's utilization of cowpox to protect against smallpox and which forms the basis of the author's own experiments.

"From this short historical sketch, it will appear that it is only through *living*, more or less virulent, spontaneously attenuated or degraded tubercle bacilli, that it has been possible to confer artificially in susceptible animals this peculiar state of resistance to superinfections which is characteristic of tuberculous immunity."

Among references to local tuberculin reactions as evidence of infection, the following are to be found,

"One must be convinced that this infection is almost inevitable in the early years of life, especially in a large urban population. In Paris, at the age of five, 35 per cent of apparently healthy children are already contaminated. In Vienna, Hamburger finds that at the age of twelve, 94 per cent of individuals give a positive cutireaction. In Germany, in rural districts, considered to be among the most salubrious, Romer reports that at the age of eleven, 66 per cent of the children are already infected."

Regarding the tuberculin reaction in immunized individuals, the authors also make this interesting observation: "From what

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\*Price: 7 francs. Headquarters of the Union, 2, Avenue Velasquez, Paris.

we have observed in animals, particularly in rabbits, we think that the tuberculin reaction becomes positive *as long as there exists a parasitic relation between the bacilli and the cells.* . . .

"When the tuberculin reaction is negative, no follicular lesions are to be found either in the lymph glands or in any abdominal or thoracic viscera although the lymph glands often harbor bacilli."

Relative to the production of "attenuated or degraded" bacilli for the purpose of their own experiments in vaccination the authors make the following statement.

"After numerous trials, we found in *pure ox bile, glycerinated*, at 5 per cent, an extremely alkaline substance rich in lipoid extracts, . . . a perfectly appropriate medium in which successive cultures gradually lost their tubercle producing power." This has received the name of the B. C. G. vaccine (Bacille Calmette — Guérin).

Regarding their experiments with this vaccine, the authors state that their experiments enable them to demonstrate that with their nontubercle-producing bacillus, "one may confer on young animals which are unquestionably free from pre-existing tuberculosis, the same tolerance to reinfections acquired, . . . by subjects by a benign tuberculous infection (latent or occult.)"

"It is indeed a process of vaccination comparable to that obtained by means of virus vaccines but *with the distinctive feature that our germs persist in the lymph organs of immunized individuals.*"

After apparently successful experiments with animals which have been taken up and continued in this country by the United States Bureau of Animal Industry, Calmette and his associates turned their attention to human infants. Their conclusions both with respect to animals and human beings are stated by them as follows:

#### CONCLUSIONS.

"We may draw the following conclusions from the experimental facts and records in this memorandum, and from those which we have previously published:

1. Subjects free from any pre-existing tuberculous infection can be artificially immunized against natural or experimental tuberculous infections.

"This immunization can be obtained by the inoculation or (chiefly in very young subjects) by the oral absorption of culture emulsions of a living bacillus, from a virulent bovine source, whose characteristics have been slowly and hereditarily modified by a long series of cultures on a highly alkaline medium, rich in lipoids (ox bile).

"This bacillus, called the B. C. G., has lost its tubercle-produc-



ing property and preserved its antegenic function. It is perfectly well tolerated by all kinds of mammals and birds and when introduced, even in large doses, in susceptible bodies, it never gives rise to tubercles which can be reinoculated.

"2. Under the experimental conditions we have studied, preventive vaccination against tuberculosis by means of the B. C. G. can effectively protect for over a year against natural or artificial infections young cattle and also several kinds of apes, including anthropoid apes (chimpanzees). It confers on small laboratory animals, particularly the guinea pigs, an obvious although a briefer resistance to virulent inoculations or ingestions.

"3. The immunization of adolescents or adults is possible only in countries where tuberculosis is uncommon, and among sound subjects with a negative tuberculin reaction.

"4. Experiments on animals, chiefly apes, show that the duration of immunity may be prolonged by means of revaccinations which may be carried out without risks or discomfort by the oral method.

"5. Taking into account the favorable results obtained among animals, and having established by several preliminary trials the innocuity of the B. C. G. for man, we have extended our attempts of preventive vaccination against tuberculosis to infants, chiefly to the new-born infants of tuberculous mothers.

Our experiments, carried out over the last four years, have included an increasing number of new-born infants. In France alone, on January 1, 1926, 5,183 infants had been vaccinated — of whom 1,317 between six to eighteen months previously — by the oral method, according to the technique we have described. While the tuberculosis death rate, among children aged 0 to 1 year born of tuberculous mothers or brought up in an infected home was at least 25 per cent, and often higher, the same death rate among infants immunized by the B. C. G. is less than 2 per cent (exactly 1.8 per cent).

"6. This preventive method is harmless. It involves no accidents of any kind, no febrile reactions, no physiological disorders whatever.

"Its efficiency appears to be demonstrated.

"The duration of the immunity conferred in this way cannot yet be precisely stated, but it seems to last long enough to protect young children until the age of three years against familial infections, provided they have not been too massive immediately after birth.

"7. Consequently, we believe we are not infringing the strict rules of caution, which are imperative in this kind of experiment, by encouraging the members of the medical profession to use the

B. C. G. as a means of preventive vaccination against tuberculous infection and by recommending it especially to families whose newborn infants are exposed to the contact of tuberculous patients.

"It must be understood, however, that this vaccination does not render superfluous hygienic measures calculated to prevent or diminish massive infections.

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## **PNEUMONIA — ITS CAUSE AND PREVENTION.**

Pneumonia is a contagious disease characterized by more or less extensive consolidation of the lungs and general bodily poisoning. Pneumonia may be produced by different kinds of pathogenic organisms or in other words, disease-producing germs. The character of the consolidation depends upon the kind of disease organisms chiefly concerned. According to the character of the consolidation it is customary to refer to pneumonia as lobar-pneumonia and broncho-pneumonia, but the practical importance of this distinction is not as great as it was formerly considered to be.

### **Cause of Pneumonia.**

The immediate cause of many cases of pneumonia is a disease germ known as the pneumococcus. Four different breeds or "types" of the pneumococcus have been identified. They are known as Types I, II, III and IV. When local or general bodily conditions are favorable, various kinds of common bacteria known as streptococci will cause a very fatal sort of pneumonia. Under favorable conditions also other common forms of bacteria may produce a pneumonia.

While the common kinds of pneumonia cannot occur without the presence of some one or other of the bacteria just referred to, the mere presence of these bacteria is seldom if ever sufficient of itself to cause pneumonia to develop. There must usually, if not always, be on the part of a person, some favorable local or general condition to enable any bacteria to produce a pneumonia.

All the kinds of bacteria mentioned above are often to be found in the mouths of persons who suffer no ill effects from them at all, yet if any of them pass from the mouth of such a person into the mouth of some other person that other person may develop pneumonia. Or, a person may grow pneumonia producing organisms in his mouth or throat for a long time without ill effect, but finally something may happen and he will come down with pneumonia.

We do not understand fully what may cause pneumonia germs to produce pneumonia in one person and not in another, or in the

same person at one time, and not at another, but the following are some conditions which we have learned from experience tend to make a person vulnerable to pneumonia germs:

1. Any acute disease, especially one like measles or influenza, involving the respiratory tract.

2. Any chronic disease, like diabetes or Bright's disease, or the ordinary infirmities incident to age.

3. Physical exhaustion from any cause, *e. g.*, overwork, worry, loss of sleep, etc.

4. Exposure to cold. The person who thinks he needs exercise and becomes fatigued with unaccustomed physical exertion and then gets chilled may develop pneumonia if exposed to any kind of pneumonia germs.

5. An abnormal condition of the respiratory tract from any cause, whether from a cold, or from the inhalation of ether, or from getting water in the throat and lungs as in case of a person rescued from drowning, or merely from living in the hot, dry atmosphere of steam-heated apartments and offices.

6. Animal experiments also indicate that alcohol, even in moderate amounts, predisposes to pneumonia.

### **The Prevention of Pneumonia.**

Whenever human beings or animals are crowded together in considerable numbers in a confined space they will sooner or later begin to die with some form of pneumonia. The crowding both favors the interchange of pneumonia producing germs among them and produces bodily conditions which tend to make them vulnerable to such germs, and, incidentally, also tend to increase the virulence of the germs.

Some conditions which predispose to pneumonia have been mentioned above. Their avoidance will tend to prevent pneumonia. But no matter how favorable to the development of pneumonia a person's bodily condition may be he will not develop pneumonia without the presence of disease germs capable of producing pneumonia. *Pneumonia is a contagious disease* and it has been demonstrated that if the same precautions for the protection of others be taken with cases of pneumonia as it is customary to take in cases of scarlet fever, the spread of pneumonia will be checked in a community even though pneumonia germs are spread by healthy persons as well as by the sick.

Pneumonia germs are transferred from one person to another in the following described manner:

1. A person may distribute his pneumonia germs to others directly through the air by coughing or sneezing.

2. Pneumonia germs are spread by handkerchiefs or other objects soiled by sputum or by soiled fingers, whether they come directly in contact with other persons or the sputum be allowed to dry and be blown about in the dust of a room and in this way get indirectly into other persons' noses or mouths.

It was found that 25 per cent of people taken at random in New York City in the winter had the germs of a very fatal form of pneumonia in their throats but the germs of another type of pneumonia have never yet been found in the throats of healthy persons except those who have been in close contact with persons actually sick with this form of pneumonia.

Pneumonia germs found in the dust of rooms of persons sick with pneumonia have been shown to be capable of living for days in spite of drying.

3. Pneumonia germs are spread by eating and drinking utensils. This occurs chiefly through failure of the dishwashing process to sterilize them when contaminated. It applies not only to dishes used by the sick but a healthy person picks up pneumonia germs in a street car, grows them in his throat, leaves them on his cup or spoon, and the family dish pan serves to spread the germs over spoons or forks used by the old grandmother or the child recovering from measles who develop pneumonia and die.

Dishes cannot be sterilized by water into which one's hands may be held. Nothing short of boiling temperature can be depended on to sterilize dirty dishes.

4. Unless absolutely unavoidable, persons in a condition which renders them susceptible to pneumonia, as for example, when sick with measles or influenza, should never be put in a room or hospital ward with other persons because of the likelihood of infection from persons who may be throwing off pneumonia producing germs.

5. It has been found possible to vaccinate against at least some forms of pneumonia, in a way somewhat similar to vaccination against typhoid fever. The character of the reaction, the comparatively short duration of probable protection and other considerations, however, make the procedure impracticable except under special conditions.

While no rules can be formulated which may serve with certainty to prevent pneumonia, the observance of the following will greatly reduce chances of developing pneumonia.

*Avoid fatigue — Avoid bad air, including over-heated, over-dry, ill-ventilated rooms — Avoid contaminated food — Avoid unsterilized eating or drinking utensils — Wash hands before eating.*



## **Treatment of Pneumonia.**

The first requisite for a case of pneumonia is absolute rest and quiet in a well-ventilated room neither too warm nor uncomfortably cold.

If possible a pneumonia patient should be cared for at home. Experience has taught that chances of recovery are decreased rather than increased by removal to a hospital. Why this should be so is not altogether clear but both the ambulance transportation and the usual hospital environment with the proximity of other patients have an unfavorable effect on a pneumonia case.

Every case of pneumonia presents its own special problems and apart from the matter of specific treatment there is no disease in which medical skill and judgment counts for more than in pneumonia.

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## **STATEMENT OF THE FACTS AND OPINIONS AGREED TO BY THE INTERNATIONAL MEETING ON CANCER CONTROL HELD AT LAKE MOHONK, N. Y., U. S. A., SEPTEMBER 20-24, 1926.**

Although the present state of knowledge of cancer is not sufficient to permit of the formulation of such procedures for the suppression of this malady as have been successfully employed for the control of infectious diseases, there is enough well-established fact and sound working opinion concerning the prevention, diagnosis and treatment of cancer to save many lives, if this information is carried properly into effect.

1. The causation of cancer is not completely understood, but it may be accepted that for all practical purposes cancer is not to be looked upon as contagious or infectious.

2. Cancer itself is not hereditary, although a certain predisposition or susceptibility to cancer is apparently transmissible through inheritance. This does not signify that, because one's parent or parents or other members of the family have suffered from cancer, cancer will necessarily appear in other persons of the same or succeeding generation.

3. The control of cancer, so far as this subject can be understood at the present time, depends upon the employment of measures of personal hygiene and certain preventive and curative measures, the success of which depends upon the intelligent co-operation of the patient and physician.

4. Persons who have cancer must apply to competent physicians at a sufficiently early stage in the disease, in order to have a fair

chance of cure. This applies to all forms of cancer. In some forms early treatment affords the only possibility of cure.

5. Cancer in some parts of the body can be discovered in a very early stage, and if these cases are treated properly the prospect for a permanent cure is good.

6. The cure of cancer depends upon discovering the growth before it has done irreparable injury to a vital part of the body and before it has spread to other parts. Therefore, efforts should be made to improve the methods of diagnosis in these various locations and the treatment of the cancers so discovered.

7. The public must be taught the earliest danger signals of cancer which can be recognized by persons without a special knowledge of the subject, and induced to seek competent medical attention when any of these indications are believed to be present.

8. Practitioners of medicine must keep abreast of the latest advances in the knowledge of cancer in order to diagnose as many as possible of the cases of cancer which come to them.

9. Surgeons and radiologists must make constant progress in the refined methods of technic which are necessary for the diagnosis and proper treatment not only of ordinary cases but of the more obscure and difficult ones.

10. There is much that medical men can do in the prevention of cancer, in the detection of early cases, in the referring of patients to institutions and physicians who can make the proper diagnosis and apply proper treatment when the physicians themselves are unable to accomplish these results. The more efficient the family doctor is, the more ready he is to share responsibility with a specialist.

11. Dentists can help in the control of cancer by informing themselves about the advances in the knowledge of the causes of cancer, especially with relation to the irritations produced by imperfect teeth and improperly fitting dental plates. They can also help by referring cases of cancer which they discover to physicians skilled in the treatment of cancer in this location. It may be doubted whether all dentists fully realize the help which can be obtained from X-ray photographs in revealing not only the state of the teeth but the condition of the bone surrounding them.

12. Medical students should be instructed in cancer by the aid of actual demonstrations of cancer patients, and this to a sufficient extent to give them a good working knowledge of the subject.

13. The most reliable forms of treatment, and, in fact, the only ones thus far justified by experience and observation, depend upon surgery, radium and X-rays.

14. Emphasis should be placed upon the value of the dissemination of the definite, useful and practical knowledge about cancer,

and this knowledge should not be confused nor hidden by what is merely theoretical and experimental.

15. Efforts toward the control of cancer should be made in two principal directions: (1) the promotion of research in order to increase the existing knowledge of the subject, and (2) the practical employment of the information which is at hand. Even with our present knowledge many lives could be saved which are sacrificed by unnecessary delay.

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## INFLUENZA.

Whether or not this winter sees the fulfilment of the epidemiologists' prediction that we are to suffer again from a visitation of epidemic influenza, we must frankly acknowledge that we still are badly prepared to check its coming. Our experience in former epidemics has taught us little of its cause, or of the reasons why it suddenly rises from its torpor to such heights of infectiousness and virulence as it attained in the last pandemic. Nor have we learned how to prevent its spread.

When it comes again, whether it be this autumn or next autumn, or any other year or season, we can, nevertheless, save many of its victims from its fatal effects.

We know that influenza itself is rarely fatal. We know that the disease is a toxemia, sometimes severe to be sure, but one usually of short duration and void of any permanent damaging action on the body tissue; but like other toxemias, and quite exquisitely so in this case, it may cause a profound depression of the body's resistance to infection by other disease viruses and it is then that death stalks. The tissues of the respiratory tract have their natural defences lowered, and the streptococci, the pneumococci and the Friedlanders, lurking in the mouth and upper air passages, shower down on the vulnerable tissues of the trachea, bronchi and lungs. Then palliation is all that is left for us to practice.

It is this phase of influenzal disease that we can prevent. If, when the physician is called, he can convince the influenza patient of the danger that presents itself with the first coming of convalescence, and if he can keep the patient in bed, spare him all exposure and exertion and minister to his comfort and bodily well-being, influenza will as a rule remain influenza and not change overnight into one or other of the deadly pneumonias, except in those cases when resistance is low because of some organic disease or definite functional derangement.

The aim then is to exert our every effort to shield the ones stricken with influenza from the direful effects that the seemingly mild intoxication may cause.—*Boston M. & S. Journal*.

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during September. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.54	4.02	11
Allen, Fred H.....	12.13	3.68	38
Antetmasso, Peter.....	12.54	3.90	53
Barron, Clarence W.....	13.36	4.40	10
Bergmann, John H.....	13.03	4.28	28
Bolio, William J.....	13.23	4.53	24
Brandley, T. J. & P. J.....	12.50	3.90	18
Bush, T.....	12.13	3.55	94
Casey, James D.....	12.26	3.70	30
Cashin, James D.....	12.44	3.90	80
Cedar Hill Farms.....	13.65	4.80	34
Chapin, George H.....	12.18	3.87	19
Childs Brothers.....	12.73	4.08	27
Clapp, Frank L.....	12.84	3.95	10
Clark, Levi.....	12.62	3.75	46
Converse, Marquis M.....	12.01	3.60	14
Corkery, John H.....	12.19	3.67	103
Cosgrove, Martin S.....	12.27	3.62	113
Cummings, Francis S., Company.....	12.35	3.72	14
Cunningham, Paul.....	12.79	4.03	22
Cusick, William H.....	12.83	3.97	67
Deerfoot Farm Milk Company.....	12.68	4.00	16
Denehy, Timothy.....	12.74	3.93	105
Driscoll, William B., Company.....	12.60	4.02	19
Duggan Brothers.....	12.80	4.00	23
Edgerly, Frank S.....	12.42	3.85	20
Elm Spring Farm Milk Company.....	12.31	3.85	22
English, J. & Son.....	13.22	4.45	20
Ferguson, Malcolm D.....	12.63	3.85	230
Furbush, Almon J.....	12.94	4.15	14
Garfield, Mason.....	14.16	4.98	5
Garvin, Charles E.....	12.94	4.48	95
Giroux, J. E. & H. J.....	12.38	3.84	26
Greenblatt, Benjamin R.....	12.52	3.95	100



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Griffin, Joseph L.....	12.48	3.85	41
Gushee, Chester W.....	12.58	3.88	87
Hager, J. M. & Son, Inc.....	12.57	3.97	25
Herlihy Brothers.....	12.45	3.85	53
Hickey, Martin J.....	12.25	3.80	17
Holden, John E.....	12.39	3.57	20
Hood, H. P., & Sons, Inc.....	12.31	3.88	119
Hutchinson, Frank T.....	12.11	3.60	23
Jenes, William T., Company.....	12.20	3.69	16
Kendall Brothers Company.....	12.33	3.77	116
Kingston, Samuel.....	12.90	4.32	20
Klawa & Freeman.....	12.44	3.83	39
Knapp, George J.....	12.64	3.89	248
Lang Brothers.....	12.20	3.80	140
Larson, Charles.....	12.27	3.73	21
Lincoln Farms, Inc.....	12.46	4.23	15
Lyndonville Creamery.....	12.81	4.05	25
Manning, Peter.....	12.32	3.80	14
Maple Farm Milk Company.....	12.38	3.84	28
McAdams, John F.....	12.68	4.05	17
McKernan, John.....	12.38	3.65	35
Millwood Farms, Inc.....	12.27	3.78	8
Munchback, George.....	12.42	3.55	31
Newton & Pope.....	12.67	4.13	78
Noble, William F., & Sons.....	12.75	4.12	26
Robinson, Albert J.....	12.46	3.87	49
Robinson, J. A.....	12.40	3.75	167
Runkle, J. C.....	13.06	4.15	23
Schuster, Adam.....	12.57	3.92	16
Seven Oaks Dairy Company.....	12.26	3.81	18
Shick, Jacob.....	12.85	4.13	29
Somerset Farms.....	13.09	4.38	9
Sterling Farms Milk Company.....	12.56	3.90	27
Stone, Howard L.....	12.16	3.88	22
Stuart, W. E.....	12.44	3.92	17
Sullivan, J. L.....	12.81	3.78	35
Swett Warren.....	13.59	5.28	29
Turner Center System, Inc.....	12.34	3.86	84
United Farmers' Co-operative Creamery Company.....	12.54	3.85	17

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria, Thousands In One Cubic Centimeter.
	Per Cent.	Per Cent.	
Vartanian, Kazar.....	12.14	3.75	54
Vartanian, S.....	12.70	4.20	21
Walker-Gordan Laboratory.....	12.84	4.04	10
Weiler, E., & Sons.....	12.38	3.83	53
Werner, F., Company.....	12.40	3.89	36
Westwood Farms Milk Company.....	12.31	3.77	28
White Brothers.....	12.81	4.33	14
Whiting Milk Companies.....	12.40	3.87	28
Whittemore, W. D.....	12.53	3.85	81
Wiswall, Granville A.....	12.41	3.88	40
Woodland, Charles L.....	12.26	3.87	32

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria, Thousands In One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.23	3.89	47
The Cloverdale Company.....	Turner Centre System, Inc.	12.43	3.94	87
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.78	4.15	25
Economy Grocery Stores Com- pany.	Whiting Milk Company....	12.32	3.90	62
The Ginter Company.....	Bellows Falls Co-operative Creamery Company.	12.84	4.13	32
Morgan Brothers Company.....	Morgan Brothers Company.	12.59	4.05	22
O'Keeffe's, Inc.....	Bellows Falls Co-operative Creamery Company.	12.89	4.23	58
M. Winer & Co.....	Hyman Winer.....	12.46	3.93	25

### IGNORANCE, AN ALLY OF DISEASE.

Ignorance is the chief ally of disease, and by dispelling ignorance we can best protect ourselves. Only men and women ignorant of the purposes of health officers oppose their work and put obstacles in their way, and such ignorant men and women do not always dwell in unpretentious quarters of the town. If such ignorance exacted its own penalty only from the ignorant the case would be pitiful enough, but actually it menaces the whole community in which it exists.—*New York Sun*.

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING SEPTEMBER, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	2	4.88
Seven days or less.....	4	9.75
Eight to fourteen days, inclusive.....	—	—
Fifteen to twenty-one days, inclusive.....	2	4.88
Twenty-two to thirty-one days, inclusive.....	2	4.88
WITHIN FIRST MONTH. (Total).....	10	24.38
Within second month.....	3	7.32
Within third month.....	5	12.20
Within fourth month.....	—	—
Within fifth month.....	2	4.88
Within sixth month.....	2	4.88
Within seventh month.....	1	2.44
Within eighth month.....	1	2.44
Within ninth month.....	—	—
Within tenth month.....	—	—
Within eleventh month.....	—	—
Within twelfth month.....	—	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	24	58.54
Within second year.....	7	17.07
Within third year.....	2	4.88
More than three years.....	8	19.51
Grand totals.....	41	100.00

## **SUMMARY OF THE WORK, SEPTEMBER, 1926.**

### **BUREAU OF ADMINISTRATION.**

	Sept.		Sept.
Prosecutions ordered . . . . .	6	Personnel:	
Legal notices . . . . .	187	Resignations . . . . .	2
Lying-in Hospital approved . . . . .	2	Appointments, permanent . . . . .	4
Contract awarded . . . . .	1	Appointments, temporary . . . . .	3
Conference held . . . . .	1		

### **LICENSES, PERMITS, ETC., ISSUED.**

	Sept.		Sept.
Burial permits . . . . .	913	Hen licenses . . . . .	36
Day nurseries . . . . .	1	Manicure-massage . . . . .	129
Denatured alcohol . . . . .	8	Milk . . . . .	177
Dump approved . . . . .	2	Peddlers . . . . .	47
Garbage transportation . . . . .	3	Undertakers . . . . .	1
Grease . . . . .	1		

## MEDICAL DIVISION.

	Sept.		Sept.
Visits:		Cases brought to Boston for	
By medical inspectors . . . . .	741	treatment . . . . .	96
By veterinarian . . . . .	236	Deaths investigated . . . . .	28
By investigators . . . . .	294		

## NURSING SERVICE.

### MEDICAL AND CHILD HYGIENE.

	Sept.
HOMES VISITED . . . . .	<u>11,947</u>

#### CHILD HYGIENE:

New cases visited . . . . .	2,333
Old cases visited . . . . .	<u>10,066</u>
Total child hygiene visits* . . . . .	<u>12,399</u>

#### COMMUNICABLE DISEASE:

New cases visited . . . . .	389
Old cases visited . . . . .	<u>976</u>
Total communicable disease visits† . . . . .	<u>1,365</u>

#### MISCELLANEOUS VISITS:

Infant death investigations . . . . .	120
Maternal death investigations . . . . .	4
Visits to day nurseries . . . . .	2
Other special visits . . . . .	25
Total number all visits . . . . .	<u>13,915</u>

Number hours spent in station by nurses‡ . . . . .	1,636
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Number hours spent in conferences by nurses . . . . .	1,777
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## HEALTH UNITS.

#### MISCELLANEOUS UNIT ACTIVITIES:

	Sept.
Complaint of insanitary conditions . . . . .	21
Number of persons given health and other information . . . . .	500
City visitors . . . . .	131
Out of city visitors . . . . .	18

#### DENTAL SERVICE:

Number of operations . . . . .	539
Number of dismissals . . . . .	72
Number of children treated . . . . .	272
Prophylaxis . . . . .	111

#### EYE SERVICE:

New cases . . . . .	29
Number of refractions . . . . .	65
Number examined for diagnosis . . . . .	15
Number of glasses prescribed . . . . .	18

\* Includes 161 wrong addresses; 1,909 not seen; total, 2,070 absent visits.

† Includes 206 ophthalmia cases; also 11 wrong addresses; 84 not seen; total, 95 absent visits

‡ Child Health Conferences, vaccinations and diphtheria immunization at stations.



## MEDICAL DIVISION OF HEALTH DEPARTMENT:\*

## Work performed by medical inspector:

Visits made by medical inspector in the districts . . . . .	181
Vaccinations performed by medical inspector . . . . .	998
Number of vaccination certificates issued . . . . .	388
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	152
Number of children examined for day nurseries . . . . .	54

## Nurses' visits:†

Communicable disease visits by nurses in district . . . . .	448
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## CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡

Number of child health conferences . . . . .	25
Total attendance at child health conferences . . . . .	1,544
New babies at conferences . . . . .	237
Number of pre-school conferences . . . . .	41
Home visits to babies and pre-school children . . . . .	2,927
Infant deaths investigation visits . . . . .	19
Special visits . . . . .	4

## BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	987
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## BOSTON LYING-IN HOSPITAL:

## Pre-natal Clinic:

Number of clinics . . . . .	8
Attendance . . . . .	133

## COMMUNITY HEALTH ASSOCIATION:

## General Division:

Home visits by nurses . . . . .	4,270
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## BOSTON DISPENSARY:

Calls by district physician . . . . .	39
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## STATE DEPARTMENT OF MENTAL DISEASES:

Number of clinics . . . . .	9
Attendance at clinics . . . . .	25

Visits of workers . . . . .	41
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New cases . . . . .	6
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Attendance at classes . . . . .	25
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MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES,  
SEPTEMBER, 1926.

## SYPHILIS.

Under investigation September 1, 1926 . . . . .	24
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New cases during September . . . . .	42
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Total . . . . .	66
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\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

## DISPOSITION OF CASES.

Placed under treatment . . . . .	9
Unable to locate . . . . .	9
False address given . . . . .	6
Under investigation . . . . .	42
Total . . . . .	<u>66</u>
New cases reported by number . . . . .	<u>84</u>

## GONORRHEA.

Under investigation September 1, 1926 . . . . .	57
New cases during September . . . . .	53
Total . . . . .	<u>110</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	13
Unable to locate . . . . .	19
False address given . . . . .	14
Under investigation . . . . .	64
Total . . . . .	<u>110</u>
New cases reported by number . . . . .	<u>253</u>

## SUMMARY.

Cases under investigation . . . . .	81
New cases during . . . . .	95
Total . . . . .	<u>176</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	22
Unable to locate . . . . .	28
False address given . . . . .	20
Under investigation . . . . .	106
Total . . . . .	<u>176</u>

## VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation . . . . .	2
New cases . . . . .	7
Total . . . . .	<u>9</u>

## DISPOSITION OF CASES.

Unable to locate . . . . .	1
Under treatment . . . . .	2
Under investigation . . . . .	6
Total . . . . .	<u>9</u>

# CHILD HYGIENE DIVISION.

## SEPTEMBER REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school.	Total Attendance.	Number of New Babies.	Number of New Preschool	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	221	12	233	44	-	44	5	47
31 Lincoln street.....	131	9	140	30	2	32	5	28
CHARLESTOWN.								
Charlestown Municipal Building.....	467	12	479	55	5	60	8	60
DORCHESTER.								
Codman Square Library Building....	592	51	643	111	22	133	8	80
Columbia Road Municipal Building..	591	13	604	73	3	76	8	76
7 Gordon place.....	279	12	291	43	2	45	4	73
EAST BOSTON.								
Health Unit.....	581	61	642	116	15	131	8	80
HYDE PARK.								
Hyde Park Municipal Building.....	185	21	206	30	2	32	3	69
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	344	30	374	44	6	50	5	75
NORTH END.								
41 North Margin street.....	270	109	379	66	31	97	9	42
ROSLINDALE.								
Roslindale Municipal Building.....	186	25	211	34	6	40	3	70
ROXBURY.								
Beth Israel Hospital.....	281	29	310	47	3	50	5	62
Children's Hospital.....	110	20	130	19	6	25	4	33
1049 Columbus avenue.....	512	57	569	124	37	161	9	63
Vine Street Municipal Building.....	230	11	241	22	-	22	3	80
SOUTH BOSTON.								
Carney Hospital.....	394	47	441	106	35	141	9	49
SOUTH END.								
70 Emerald street.....	194	20	214	24	2	26	5	43
640 Harrison avenue.....	146	32	178	14	2	16	5	36
46 Lovering street.....	163	77	240	15	3	18	5	48
Shawmut Avenue Municipal Building,	152	18	170	19	1	20	4	43
122 Tyler Street.....	65	23	88	9	4	13	3	29
WEST END.								
17 Blossom street.....	518	83	601	55	6	61	8	75
Totals.....	6,612	772	7,384	1,100	193	1,293	126	57.3

## NUMBER OF TOXIN-ANTITOXIN TREATMENTS AT EACH STATION DURING SEPTEMBER, 1926.

STATION.	TOXIN-ANTITOXIN.		
	First.	Second.	Third.
Old Town Hall, Brighton.....	6	4	0
31 Lincoln street, Allston.....	4	7	6
Charlestown Municipal Building.....	8	8	6
Codman Square Library Building.....	10	12	19
Columbia Road Municipal Building.....	21	16	15
7 Gordon place, Dorchester.....	6	5	8
East Boston Health Unit.....	8	10	9
Hyde Park Municipal Building.....	6	5	5
Curtis Hall, Jamaica Plain.....	8	8	5
41 North Margin street.....	25	7	7
Roslindale Municipal Building.....	17	9	3
Beth Israel Hospital.....	33	30	25
Children's Hospital.....	11	9	6
1049 Columbus avenue.....	27	20	13
Vine Street Municipal Building.....	2	1	1
140 Dorchester street.....	187	148	133
70 Emerald street.....	15	9	11
640 Harrison avenue.....	6	6	12
46 Lovering street.....	31	31	26
Shawmut Avenue Municipal Building.....	15	10	10
122 Tyler street.....	9	7	3
17 Blossom street.....	17	10	7
Totals.....	472	372	330
Totals, all stations.....			1,174

## REPORT OF VACCINATIONS AT CHILD HEALTH CONFERENCE STATIONS DURING SEPTEMBER, 1926.

Old Town Hall, Brighton	33
Lincoln Street, Allston	56
Charlestown Municipal Building	297
Codman Square Library Building	149
Columbia Road Municipal Building	187
Gordon Place, Dorchester	126
East Boston Health Unit	278
Hyde Park Municipal Building	72
Curtis Hall, Jamaica Plain	34
41 North Margin Street	35
Roslindale Municipal Building	63



Beth Israel Hospital . . . . .	46
Children's Hospital . . . . .	2
1049 Columbus Avenue . . . . .	344
Vine Street Municipal Building . . . . .	178
Carney Hospital, 160 Dorchester street . . . . .	133
70 Emerald Street . . . . .	23
640 Harrison Avenue . . . . .	45
46 Lovering Street . . . . .	14
Shawmut Avenue Municipal Building . . . . .	23
122 Tyler Street . . . . .	24
17 Blossom Street . . . . .	14
Total . . . . .	<u>2,176</u>

## FOOD INSPECTION DIVISION.

### MARKET, STORE AND RESTAURANT SERVICE.

	Sept.
Stores inspected . . . . .	4,467
Sanitary defects remedied . . . . .	85
Complaints at office . . . . .	34
Referred to Sanitary Division . . . . .	10
Notices to abate nuisances . . . . .	39
Court cases . . . . .	9
Convictions . . . . .	4
Fines . . . . .	\$80
Continued . . . . .	4
Discharged . . . . .	1
Applications for pedlers' licenses approved . . . . .	44
Vehicles inspected and approved . . . . .	538
Laboratory Examinations:	
Chemical . . . . .	5

### CONDEMNATIONS.

Meats:	Fruits:
Bear meat . . . . . 115 pounds	Cantalopes . . . . . 134
Beef . . . . . 2 pounds	Melons . . . . . 71
Calves head . . . . . 1	Peaches . . . . . 11 crates
Ducks . . . . . 131 pounds	Pears . . . . . 4 bushels
Frankfurts . . . . . 2½ pounds	Vegetables:
Heart . . . . . 1	Garlic . . . . . 25 pounds
Liver . . . . . 3	Tomatoes . . . . . 181 pounds
Plucks . . . . . 36	Tomatoes . . . . . 5 bushels
Pork . . . . . 78 pounds	Wax beans . . . . . 3 baskets
Poultry . . . . . 252 pounds	Miscellaneous:
Sweetbreads . . . . . 37	Frozen eggs . . . . . 26 pounds
Tongues . . . . . 11	Grape juice . . . . . 44 bottles
Turkey . . . . . 28 pounds	Peanut bars . . . . . 22
Veal . . . . . 117 pounds	Pickles . . . . . 4 bottles
Fish:	Pickled onions . . . . . 7 bottles
Salt cod . . . . . 58 pounds	Syrup . . . . . 1 pint
	Vinegar . . . . . 40 bottles

## LIVE STOCK INSPECTION (Brighton Abattoir).

	Sept.		Sept.
Cattle inspected . . . . .	327	Parts condemned (lbs.) . . . .	545
Calves inspected . . . . .	888	Animals condemned . . . . .	4
Swine inspected . . . . .	3,746		

### DAIRY DIVISION.

	Sept.		Sept.
Total inspections . . . . .	1,397	Inactive . . . . .	15
Dairies inspected . . . . .	604	Total cattle inspected . . . . .	9,370
Scoring above 50* . . . . .	460	Inspections of milk plants and	
Scoring below . . . . .	744	licensed dealers . . . . .	266
With milk rooms . . . . .	469	Country creamery inspections . .	12
Without milk rooms . . . . .	133	Sediment tests . . . . .	300

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:		Sept.
Milk from wagons . . . . .		256
Milk from stores . . . . .		914
Milk brought by citizens . . . .		2
Vinegar . . . . .		134
Olive oil . . . . .		1
Ice cream . . . . .		13
Whiskey . . . . .		5
Bottles . . . . .		18
Water . . . . .		1
Caps . . . . .		54
BACTERIOLOGICAL:		
Milk . . . . .		618
Ice cream . . . . .		103
Court cases . . . . .		10
Fines . . . . .		\$205

### SANITARY INSPECTION.

	Sept.		Sept.
Original inspections . . . . .	2,139	Complaints investigated . . . .	511
New reports . . . . .	2,341	Court cases authorized . . . . .	5
Reinspections . . . . .	5,903	Fines . . . . .	\$50
Legal notices served . . . . .	154		

## BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	367
Tuberculosis . . . . .	198
Typhoid . . . . .	67
Gonorrhea . . . . .	699
Gonorrheal ophthalmia . . . . .	61
Syphilis . . . . .	1,325
Other examinations* . . . . .	41
Bacteriological examinations of milk . . . . .	618
Bacteriological examinations of ice cream . . . . .	103
Swimming pools examined . . . . .	24
Water examinations for pollution . . . . .	5

\* Malaria, 5; feces for typhoid, 13; urine for typhoid, 13; genito-urinary tuberculosis, 1; paratyphoids, 2; smear for pernicious anaemia, 1; cultures for virulence, 2; dark field examinations, 4.

# VITAL STATISTICS, SEPTEMBER, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING SEPTEMBER, 1926, WITH COMPARATIVE FIGURES FOR SEPTEMBER, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	766	760	+6	11.68	11.64	+.04
Nonresidents deducted.....	605	597	+8	9.22	9.15	+.07
By AGE:						
Under one year.....	128	144	—16	1.95	2.21	— .26
One year to four years, inclusive.....	35	39	—4	.53	.60	— .07
Sixty years and over.....	271	276	—5	4.13	4.23	— .10
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	40	45	—5	.61	.69	— .08
Arteriosclerosis.....	24	22	+2	.36	.34	+.02
Heart disease.....	142	99	+43	2.16	1.52	+.64
Nephritis, chronic....*	49	31	+18	.75	.47	+.28
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,187	1,578	—391	18.10	24.18	—6.08
b. Registered stillbirths.....	40	58	—18	.61	.89	— .28
Stillbirths per 1,000 births and stillbirths.....				32.60	35.45	—2.85
c. Deaths of mothers from causes incident to childbirth.....	7	6	+1	.11	.09	+.02
Deaths of mothers per 1,000 births and stillbirths.....				5.70	3.67	+2.03
Deaths of children in first year of life....	128	144	—16	1.95	2.21	— .26
Deaths in first year per 1,000 live births, .....				107.83	91.25	+16.58
VIOLENCE:						
Accidents.....	34	48	—14	.52	.73	— .21
Homicides.....	—	2	—2	—	.03	— .03
Suicides.....	12	8	+4	.18	.12	+.06
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	10	15	—5	.15	.23	— .08
Broncho-pneumonia.....	25	30	—5	.38	.46	— .08
Cancer.....	79	99	—20	1.20	1.52	— .32
Cirrhosis of the liver.....	4	4	—	.06	.06	—
Diabetes mellitus.....	12	8	+4	.18	.12	+.06
Diarrheal diseases, children under two years of age.....	46	27	+19	.70	.41	+.29

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, SEPTEMBER, 1926.

		CASES AND DEATHS.					
		ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
		1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
COMMUNICABLE DISEASES:							
Anterior poliomyelitis.....	Cases..	7	10	-3	.11	.15	— .04
	Deaths.	1	3	-2	.015	.05	— .035
Cerebrospinal meningitis.....	Cases..	4	2	+2	.06	.03	+ .03
	Deaths.	4	1	+3	.06	.01	+ .05
Diphtheria.....	Cases..	45	54	-9	.69	.82	— .13
	Deaths.	4	7	-3	.06	.11	— .05
Influenza.....	Cases..	18	2	+16	.27	.03	+ .24
	Deaths.	1	1	—	.015	.015	—
Measles.....	Cases..	24	34	-10	.36	.52	— .16
	Deaths.	1	—	+1	.015	—	+ .015
Pneumonia (lobar).....	Cases..	50	42	+8	.76	.64	+ .13
	Deaths.	25	18	+7	.38	.28	+ .10
Scarlet fever.....	Cases..	77	53	+24	1.17	.81	+ .36
	Deaths.	1	1	—	.015	.015	—
Tuberculosis (pulmonary).....	Cases..	131	158	-27	2.00	2.42	— .42
	Deaths.	43	51	-8	.65	.78	— .13
Tuberculosis (other forms).....	Cases..	33	25	+8	.50	.38	+ .12
	Deaths.	9	4	+5	.14	.06	+ .08
Typhoid fever.....	Cases..	13	24	-11	.20	.37	— .17
	Deaths.	3	3	—	.04	.05	— .01
Whooping cough.....	Cases..	142	176	-34	2.16	2.70	— .54
	Deaths.	4	5	-1	.06	.07	— .01

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



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# MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, NOVEMBER, 1926.

No. 11

## WHOOPING COUGH.

The serious importance of whooping cough as a factor in child mortality is gradually becoming appreciated. Whooping cough is responsible for more deaths in Boston than either diphtheria or scarlet fever. As has been pointed out in annual reports of the Boston Health Department, the real mortality from whooping cough fails to appear in our vital statistics. Many fatal cases of broncho pneumonia in children are the result of an unrecognized or unrecorded pertussis. Moreover, while measles, scarlet fever and diphtheria have long been tending to become less dangerous in this community as the result of natural biological processes apart from artificial efforts at control, evidence is lacking that whooping cough shares in this natural tendency to become less serious.

For several years the Boston Health Department has been co-operating with various nonofficial agencies in the hope of thereby aiding in the acquisition of knowledge which might show more effective ways of preventing and treating whooping cough. Prominent in this field has been a commission for the study of whooping cough that has been working in conjunction with the Boston Floating Hospital. A report of this commission's sub-committee on bacteriology has just been given out. From it, the following is taken:

Efforts to obtain cultures of the Bordet-Gengou bacillus from the nose or throat failed in over one hundred attempts.

Cultures were satisfactorily obtained either from the sputum or by having the patient cough on a culture plate held from three to five inches in front of the mouth.

The culture medium used was a modified form of the original Bordet-Gengou medium containing potato and horse blood.

In nearly half of the group of cases in which the Bordet-Gengou bacillus was isolated, and an examination for the bacillus influenza was also made, the latter was found as well. The influenza bacillus may be confused with the Bordet-Gengou bacillus under the microscope, but mistake is easily avoided by maintaining in the culture medium a degree of acidity favorable to the growth of the Bordet-Gengou bacillus, but which prevents the growth of the influenza bacillus.

The Bordet-Gengou bacillus grows slowly in culture. Colonies are seldom visible to the naked eye within twenty-eight hours and while their mature cultural appearance is typical, it may be seventy-two or even ninety-six hours before the growth becomes entirely characteristic.

It would seem that accumulated experimental and clinical evidence have established the Bordet-Gengou bacillus beyond reasonable question as the primary cause of pertussis. The commission accepts it as the cause, and the sub-committee on bacteriology has come to the following conclusions, based on cultural studies of over 1,100 persons with clinical symptoms of whooping cough.

"We have become convinced of the fact that the infectious period of whooping cough varies within wide limits. If it did not, one would expect to obtain about 90 per cent positive cultures throughout the first few weeks of the disease, and about 0 per cent thereafter. There is no such theoretical plan about the disease, however. We feel that 60-70 per cent positive cultures the first week is the maximum that can be obtained by our present methods. But we also feel and have some evidence to support our claim that the 30-40 per cent negative cultures are not due to any great extent to errors in technique, but that this percentage represents patients who have been infectious, but are not so even in the first week of the whoop.

.....  
"When there is a long incubation period and catarrhal period, the organisms generally disappear early. While this is generally true it does not apply to all cases as the individual resistance to the organisms varies tremendously."

.....  
"In considering our ward cases, where repeated cultures were taken on each patient, all cultures were positive until the eighth

day of the whoop. On and after the eighth day, there were an increasingly larger number of negative cultures, the last positive culture being on the seventeenth day of the whoop."

Out of five adults coming in with children to the clinic, we were able to isolate from one an almost pure culture of whooping cough organism. The mother had a slight cold, but had not whooped nor did she whoop subsequently. She was probably the source of infection in her two babies.

"One boy  $10\frac{1}{2}$  years of age came in as a whooping cough contact. He was old enough to co-operate and coughed voluntarily on one of our plates, which on incubation showed a pure culture. He had no symptoms at the time nor did he begin to cough until six days later.

"We have isolated *B. Pertussis* from thirteen patients who never whooped."

The results of the committee's therapeutic use of a "strong pertussis vaccine" of "heat killed organisms" was inconclusive although it is stated that many outside physicians were enthusiastic about the vaccine and used it rather than the commercially prepared product.

While the committee's report above referred to is to be regarded merely as a progress report of work on which the committee looks forward to spending four or five years, the report nevertheless serves to bring out important facts which must be taken into account in any attempt to check the spread of the disease.

Enough seems to have been already discovered to show that like various other diseases that we know about, whooping cough is due, primarily, to an infecting organism which ordinarily does not in itself produce any serious damage to the bronchial mucous membrane, but which renders the tissues vulnerable to other organisms, common denizens of people's mouths and throats, incapable of producing trouble unless something else prepares the soil for them. Having gained root in tissues which the Bordet-Gengou bacillus has prepared the latter are soon displaced. The amount of trouble which the Bordet-Gengou bacillus may start in any case will depend both upon the kind of secondary invaders and the general resistance of the person. On these facts will also depend the time when the Bordet-Gengou bacillus itself disappears and thus terminates the infectivity of the case so far as this organism is concerned.

Instead of being regarded as a diagnostic symptom, the whoop should be regarded as merely an indication of serious damage to the bronchial mucous membranes produced by the secondary in-

vading organisms and causing a high degree of irritability of the tissue and a consequent reflex muscular spasm. The committee's report certainly makes it clear that we must look to cultures and not to the whoop if we would stop the spread of whooping cough by any scheme of segregating infectious individuals.

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## THE BOSTON CONSERVATION BUREAU.

The Boston Conservation Bureau owes its existence to the vision and perseverance of a public spirited private citizen of the City of Boston, the late M. Douglas Flattery. Mr. Flattery had had an extraordinary career. During his life he had a wider range of personal experiences than any but a few men. Moreover he was eminently a successful man in whatever he undertook. He was a remarkable man in many ways. He saw that there was a great deal of utilized scientific knowledge which had been discovered in connection with one purpose or another and which under intelligent direction might be utilized for the conservation of human life, but which was lying neglected so far as this field of usefulness was concerned. He saw that scientific men in the course of scientific research for other purposes were making discoveries and acquiring knowledge which under intelligent direction might serve as the means of solving medical problems directly related to the saving of human life.

After some unsatisfactory ventures in broader fields, the resources of the Bureau were concentrated on medical problems under the supervision of a special committee on medical research. Mr. Flattery was chairman of this committee. Among the others who have served on the committee are Dr. E. H. Bradford, Prof. W. T. Bovie, Dr. J. H. Cunningham, Dr. David J. Johnson, Prof. John C. Torrey, Prof. Hans Zinsser, Dr. Roger Colgate Graves. Allied with them have been both nonmedical and medical men with an international reputation for the scientific attainments.

Among the results accomplished under the direction of the Committee on Medical Research the following may be mentioned:

Practical demonstration of the theory that abnormal cells, including cancer cells and various forms of bacteria, may be destroyed if subjected to a degree of heat higher than normal bodily temperature, but yet not high enough to have any harmful effect on normal bodily tissues.

Appliances have been devised and are being tested out and being perfected which furnish better means than have hitherto been available for the treatment under this plan of certain infections, including gonorrhea and for the palliative treatment of inoperable cancer.



In other ways, also, important contributions have been made to what is known as *thermotherapy* — especially in the way of controlling the degree of heat.

Incidentally instruments have been devised which now make up practically bloodless operations which formerly were seldom undertaken by reason of the danger from hemorrhage.

Likewise as a by-product of the work on the treatment of cancer, an influence of diet and light on the development of cancer has been shown. Studies in connection with the application of *thermotherapy* have demonstrated that certain intractable inflammatory conditions which were likely to spread in children's institutions are really a modified form of gonorrhea — modified by conditions which have also been learned.

The Bureau has added to the world's knowledge of *heliotherapy*, that is, the treatment of disease by the sun's rays and its relation to bodily nutrition.

An appliance has been devised for the early detection of glaucoma, a condition which may develop in the eyes in middle life and is productive of much of the blindness in the aged. This discovery means the preservation of eyesight. Other appliances have also been devised for the examination and the detection of abnormal conditions of the eyes.

An apparatus has been developed which may serve to locate the cause in cases of defective hearing.

An apparatus has been devised for measuring and recording the amount of health giving ultra violet rays both in direct sunlight and diffuse light. This is far from being a purely theoretical matter. The healthfulness of a street, or an alley or of a tenement depends upon the amount of sunlight available to the occupants and this matter is now something which can be definitely measured. A practical device has been invented for measuring the amount of ultra violet rays being given off by so-called quartz lamps and other appliances now so popular for the treatment of various conditions. It has been found that some lamps being used for this purpose give off no ultra violet rays at all and that others which have done so are likely to lose this property. Mr. Flattery is dead, and also Doctor Bradford, who devoted practically all of their time to the medical research committee. The loss of these men, together with some drawbacks in the way of the control of an agency of this sort as an independent municipal bureau, makes it advisable to fit it into the administration machinery of an already organized municipal department, and this had been accomplished by an amendment to the city ordinance which combines this Bureau with the Health Department.

## An Ordinance Concerning the Conservation Bureau.

Be it ordained by the City Council of Boston, as follows:

Section 1. The conservation bureau created pursuant to section five, chapter eighteen of the revised ordinances of nineteen hundred and twenty-five is hereby abolished.

Section 2. The health commissioner shall establish in addition to the other divisions of the health department a conservation division for the purpose of conserving life and promoting public health. The scope and character of the work to be done by the conservation division shall be the study of conditions and problems of cancer and contagious diseases. Temporary and permanent employees necessary to carry on the work of the conservation division shall be appointed and their compensation fixed in the same manner as other employees of the health department and their compensation and other expenses of the conservation division paid from appropriations available for the purpose in the same manner as other expenses of the health department.

In City Council, October 25, 1925. Passed.

Approved by the Mayor, October 25, 1926.

Attest

(Signed). W. J. DOYLE,  
*Assistant City Clerk.*

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## THE DANGERS OF POISONING FROM CARBON MONOXIDE.

With the increase of automobile traffic, the danger of carbon monoxide poisoning from automobile exhausts has become a real and growing public health problem.

The subject has recently been considered by a special sub-committee on public health relations of the New York Academy of Medicine. The sub-committee consisted of James B. Clemens, M. D., Chairman, and W. Gilman Thompson, M. D.

Their report appeared in the August, 1926, "Bulletin of the Academy." As might be expected from the composition of the subcommittee, the report is comprehensive, instructive and interesting. It is also eminently practical in its character.

Three matters are particularly emphasized. They are the nature of carbon monoxide poisoning, the reason for the production of carbon monoxide in the operation of internal combustion engines, and the possibility of finding some mechanical or chemical means of preventing the presence of the gas in the exhaust. The report gives encouragement to the hope of such a discovery.

It also calls attention to a source of danger generally ignored,

that of the leakage of the exhaust gases into a closed automobile by reason of leaky joints in exhaust pipes or otherwise.

Besides covering well the field which came within the range of the committee's investigation, this report cannot fail to remind the municipal health official who is constantly being called on to deal with actual cases of carbon monoxide poisoning that there are phases of the matters considered by the committee and sources of poisoning regarding which the public ought to be better informed than at present.

During the calendar year 1925 there were reported to the Boston Health Department 120 instances of acute carbon monoxide poisoning in the city in which one or more persons were either killed or rendered unconscious. In addition, there were investigated practically three times that number of situations involving the possibility of either the acute or chronic poisoning.

Automobiles were concerned in only a small proportion of these cases. Most of them arose out of the domestic use of gas for cooking or heating. But automobiles and household gas appliances combined do not account for all. Fatal cases of carbon monoxide poisoning occur from time to time from closing too tightly the damper of a coal stove or furnace. Such accidents would occur more frequently were it not for the offensive character of the sulphurous and other gases which are also given off from coal in addition to carbon monoxide under such conditions.

Sometimes the smell of these gases from coal like that of the other components of illuminating gas fail to be taken as a warning of the generation of carbon monoxide also, or the warning is ignored.

It would seem important to make greater effort to impress upon people that carbon monoxide gas is always dangerous, even in comparatively small amounts, that it is odorless, that it is an important constituent of household gas as well as of automobile exhausts and that it is generated whenever and wherever anything is burned with an inadequate supply of air.

The greatest danger from illuminating gas arises of course from the fact that carbon monoxide is one of the most important constituents of illuminating gas as now manufactured. Carbon monoxide will itself burn. But carbon monoxide (CO) is also produced whenever carbonaceous material is heated to a point where oxygen will unite with it and the supply of oxygen is insufficient to produce carbon dioxide (CO<sub>2</sub>), a relatively harmless gas. To burn wood or coal, to burn gas in a gas burner or gas stove, or to produce an explosive mixture in an automobile engine, we must have oxygen and we depend upon air to supply it. To burn wood or

coal or illuminating gas or explode gasoline to the best advantage and avoid the production of some carbon monoxide, calls for the maintenance of a supply and admixture of air with the burning material that it is always difficult to secure.

We therefore should not overlook the fact that poisonous carbon monoxide may be liberated in dangerous quantity in the home by a gas light or a gas stove burner improperly adjusted with reference to the air supply just as surely as from leaky gas pipes or fixtures.

So far as gas stoves are concerned, the practical difficulty of maintaining adequate air supply and of preventing the liberation of carbon monoxide from the burners when in use is so great that all such stoves should be connected with or the products of combustion liberated through a chimney flue.

While the dangers of carbon monoxide in sufficient quantity to cause death or unconsciousness have been stressed to a reasonable extent, various factors have contributed to prevent the serious consequences of breathing small amounts of carbon monoxide from receiving proper attention by the general public. It sometimes seems as though those commercially interested in promoting the domestic use of gas disliked to see accidents in its use given publicity. But another contributing factor has certainly been the controversy regarding the nature of carbon monoxide poisoning. A considerable portion of the New York Academy of Medicine's report is devoted to the consideration of this controversy. Some persons to whom the public naturally look for authoritative information regarding the matter hold that carbon monoxide is not intrinsically poisonous but that it produces its effects by merely displacing oxygen in the blood and thus preventing the blood from carrying needed oxygen to the organs and tissues of the body and that on cessation of exposure to carbon monoxide and given plenty of oxygen the latter displaces the carbon monoxide in the blood and blood and bodily tissues resume their normal condition with a reasonable degree of rapidity. While not specifically denying that a more or less constant deprivation of the bodily tissue of oxygen in this manner may produce deleterious effects on a human being, they object to the term chronic poisoning, because of lack of evidence that carbon monoxide accumulates in the body, as, for example, lead does in chronic lead poisoning. On the other hand, there are other but perhaps less conspicuous students of the subject who maintain that carbon monoxide not only deprives the body of oxygen but acts as a direct specific poison to the bodily tissues as well.

This controversy should not be allowed to obscure the following well established facts.



Exposure to carbon monoxide gas may rapidly cause unconsciousness and death.

Exposure to a less degree of concentration or for a shorter period may cause poisoning and unconsciousness from which recovery may be possible.

Exposure to a less degree of concentration or for a still shorter period may cause headache, dizziness and muscular weakness, from which recovery rapidly occurs on removal of the person to fresh out-of-doors air.

Whether it be properly called chronic poisoning or not, the more or less constant exposure to comparatively small amounts of carbon monoxide in the atmosphere which one breathes can produce a condition of ill health which does not disappear when exposure to carbon monoxide has ceased.

For reasons unknown, the same exposure to carbon monoxide does not affect all persons alike. An exposure which will kill one person may not kill his companion. Continued exposure to comparatively small amounts may produce serious symptoms in one person and not in another. Of two persons placed in the same working conditions involving exposure to carbon monoxide one may develop an apparent tolerance of the gas and another will not.

There is also practical accord with respect to the symptoms produced in susceptible persons by more or less constant exposure to relatively small amounts of carbon monoxide, notwithstanding objections to the term chronic poisoning, and notwithstanding also an arbitrary standard of the number of parts of carbon monoxide per 10,000 of atmosphere which is to be regarded as innocuous.

Unfortunately, the symptoms produced by continued exposure to carbon monoxide may be likewise produced by many other causes. Leaving out of consideration derangements of the organs of the special senses and various other less common manifestations of the effects of carbon monoxide, it may be stated that continued exposure to carbon monoxide usually causes headaches, muscular weakness, attacks of dizziness and nausea, "dryness of the throat," and symptoms indicative of an irritable condition of the mucous membrane of the upper respiratory and of the digestive tracts. There is also likely to be a pallor which some regard as diagnostic.

The question may therefore be naturally asked how then can the woman who has headaches and dizzy spells, a dry feeling throat, or attacks of indigestion which have led her physician to suspect gastric ulcer really find out whether her closed sedan, her kitchen gas range, or something else is accountable for her ill health.

In the Bulletin for October, 1925, there was described a pocket case apparatus, devised by the United States Bureau of Mines, fur-

nishing a comparatively easy and a reasonably accurate method of determining the presence and amount of carbon monoxide, either in air or blood. In principle, the apparatus depends upon the intensity of the color of a solution when acted upon by carbon monoxide and its comparison with standard solutions. Until this apparatus was devised, the determination of carbon monoxide in a building or mine involved a complicated chemical procedure. While the use of this apparatus calls for something more than the reading of a dial, a development which the New York Academy of Medicine's Committee seems to think mechanically possible, it now takes a very little instruction and practice to make a trustworthy determination of the amount of carbon monoxide in the atmosphere of any place where its presence may be suspected.

This apparatus should be in more common use, but in a case of ill health like that described above, where symptoms may be due to exposure to carbon monoxide, a careful examination of the piping of the automobile or of the fixtures and burners of the gas range will usually suffice to exclude carbon monoxide as a cause of the symptoms or reveal conditions that will justify a presumption that carbon monoxide may be the cause. The possibility of carbon monoxide poisoning certainly should never be overlooked in trying to account for the symptoms described. Under our modern conditions of life, exposure to this gas is common and experience is tending to show that the probability of chronic poisoning from an unsuspected source overshadows in practical importance the chances of a fatal or serious accident.

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## MEETING OF THE MASSACHUSETTS ASSOCIATION OF BOARDS OF HEALTH.

The regular quarterly meeting of the Massachusetts Association of Boards of Health was held on October 28 at the Twentieth Century Club. It was one of the most interesting meetings that has ever been held and one of the most successful in point of attendance. At the head table with President McGrath were seated Doctor Chapin of Providence, president of the American Public Health Association, Doctor Bigelow, commissioner, Department of Public Health, Dr. F. X. Mahoney, Commissioner of Health, City of Boston, officers of the Association and members of the Executive Committee.

After an introductory statement by Dr. C. L. Scammon, director of the Division of Communicable Diseases of the State Department of Health, relative to the need of a revision of the present quarantine practices, the Executive Committee of the association presented for discussion with view to ratification by the association certain specific measures proposed by the committee as minimum quarantine require-

ments with respect to twelve common contagious diseases,— anterior poliomyelitis, chicken pox, diphtheria, cerebro-spinal meningitis, German measles, measles, mumps, scarlet fever, smallpox, whooping cough, typhoid fever, and septic sore throat. The recommendations of the committee with certain minor changes were adopted by the members after several hours discussion from the floor, and the revised minimum quarantine requirements have been printed and mailed to each city and town board of health in Massachusetts with the hope that they will be adopted. Thus have been established a uniform standard for regulating such diseases, and from time to time they can be revised as circumstances may warrant. A good start has been made in the progressive direction and the association desires to thank those who attended the meeting and feels that much good was accomplished at this enthusiastic gathering.

The next annual meeting of the Massachusetts Association of Boards of Health will be held in January, 1927.

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## **PUBLIC HEALTH WORK SUGGESTED FOR THE PHYSICIAN.**

“I feel that we have not utilized sufficiently the medical profession in the United States,” says Dr. Victor Heiser, director, International Health Board, in “The Listening Post.” “Here we have a tremendously influential body. In spite of all cults and all other excrescences which have attached themselves to it, the medical profession does enjoy the confidence of the public. I am afraid the health officer has not had the full support of the medical profession.

“Holland probably has as small a health organization as any other country I know. It also has the lowest death rate in the world. But this is because doctors there take an intelligent interest in public health and preach public health to their patients.

“I feel that we should try more and more to bring the medical profession to the aid of the health officer if we are going to make progress economically and efficiently. Unfortunately our medical schools have as yet developed very little talent to teach students about public health. In the majority of schools it is merely a perfunctory course. That is all wrong. I do not believe in making every doctor a health officer but he ought to know as much as an intelligent layman of the community.

“There is no reason why the medical profession with all its learning and bright and brilliant men should not furnish the leadership which will keep the country in the van of health, long life and general progress.”

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during October. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.58	3.97	18
Allen, Fred H.....	12.23	3.67	15
Antetomasso, Peter.....	12.78	4.10	12
Barron, C. W.....	14.80	5.65	4
Bergmann, John H.....	13.05	4.33	18
Bolio, William J.....	12.90	4.18	53
Brandley, F. J. & P. J.....	12.56	3.92	92
Casey, James D.....	12.85	4.15	38
Cashin, James F.....	12.60	3.98	24
Cedar Hill Farms.....	13.42	4.50	12
Chapin, George H.....	12.40	3.97	34
Childs Brothers.....	12.84	4.17	14
Clapp, Frank L.....	13.22	4.30	12
Clark, Levi.....	12.33	3.87	36
Converse, M. M.....	12.87	3.80	57
Corkery, J. J.....	12.33	3.71	21
Cosgrove, Martin S.....	12.82	3.91	56
Cummings, F. S.....	12.31	3.70	13
Cunningham, Paul.....	12.54	3.95	13
Cusick, William H.....	12.80	3.95	147
Deerfoot Farm Milk Company.....	12.71	4.05	12
Denehy, Timothy.....	12.36	3.65	80
Driscoll, William B., Company.....	12.56	3.96	13
Duggan Brothers.....	12.68	3.90	34
Edgerly, Frank S.....	12.58	3.85	16
Elm Spring Farm Milk Company.....	12.39	3.90	30
English, J., & Son.....	13.32	4.45	103
Ferguson, Malcolm D.....	12.66	3.60	32
Furbush, A. J.....	14.05	5.20	14
Garfield, Mason.....	14.44	5.17	11
Garvin, C. E.....	14.19	5.12	9
Giroux, J. E. & H. J.....	12.47	3.78	25
Greenblatt, Benjamin H.....	12.51	3.98	45



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Griffin, J. L. ....	12.60	3.85	16
Gushee, C. W. ....	12.67	3.98	24
Herlihy Brothers, Inc. ....	12.58	3.93	38
Hickey, Martin J. ....	12.33	3.87	22
Holden, John E. ....	12.56	3.98	35
Hood, H. P., & Son, Inc. ....	12.52	3.92	38
Hutchinson, Frank T. ....	12.00	3.58	40
Jones, William T., Company. ....	12.47	3.88	21
Kendall Brothers Company. ....	12.39	3.82	38
Kingston, Samuel. ....	12.53	3.88	15
Klawe & Freeman. ....	12.83	4.00	217
Knapp, George J. ....	12.91	3.98	190
Lang Brothers. ....	12.45	3.78	18
Larson, Charles. ....	12.45	3.80	24
Lincoln Farms. ....	11.70	3.14	49
Lyndonville Creamery. ....	12.94	4.10	55
Manning, Peter. ....	12.75	4.13	173
Maple Farm Milk Company. ....	12.47	3.86	80
McAdams, J. F. ....	12.68	4.05	16
McKernan, James. ....	12.92	4.08	42
Millwood Farms. ....	12.67	4.01	5
Munchback, George. ....	12.76	3.86	83
Newton & Pope. ....	12.30	3.72	32
Noble, William F., & Co. ....	12.87	4.15	12
Robinson, A. J. ....	12.84	4.05	82
Robinson, J. A. ....	12.72	4.05	28
Runkle, J. C. ....	13.67	4.57	22
Schuster, Adam. ....	12.96	4.01	34
Seven Oaks. ....	12.37	3.85	12
Shick, Jacob. ....	12.34	3.73	232
Somerset Farms Milk Company. ....	13.40	4.56	10
Sterling Farms Milk. ....	12.72	3.98	20
Stone, H. L. ....	12.42	3.85	18
Stuart, W. E. ....	12.67	3.92	13
Swett, Warren J. ....	12.43	3.15	52
Turner Center System, Inc. ....	12.48	3.88	22
United Farmers' Co-operative Creamery Company. ....	12.77	3.98	13
Vartanian, Kazar. ....	12.30	3.70	40
Vartanian, S. ....	12.73	4.17	18

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Walker-Gordon Laboratory Company.....	12.84	4.10	9
Weiller, E., & Sons.....	12.52	3.92	31
Werner Company.....	12.56	3.91	30
Westwood Farms Milk Company.....	12.44	3.85	18
White Brothers.....	12.63	4.02	15
Whiting Milk Company.....	12.55	3.93	19
Whittemore, W. D.....	12.90	4.23	17
Wiswall, G. A.....	12.80	3.95	154
Woodland, Charles L.....	12.41	3.84	49

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.52	3.86	35
The Cloverdale Company.....	Turner Centre System, Inc.,	12.56	3.90	44
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.89	4.11	24
Economy Grocery Stores.....	Whiting Milk Company....	12.56	3.95	22
The Ginter Company.....	Ginter Company.....	12.66	4.00	28
Morgan Brothers Company.....	Morgan Brothers.....	12.88	4.18	42
O'Keefe's, Inc.....	Bellows Falls Co-operative Creamery Company.	12.93	4.15	38
Winer, M., & Co.....	Hyman Winer.....	12.74	3.78	35

### PREVENTIVE MEDICINE AND THE BABY.

When the baby is born, it is preventive medicine to impress the mother with the value of breast feeding and to see that it is carried out in every possible instance, pointing out to the mother not only the advantages of the same, but the things which may be of influence on and benefit to lactation. If the baby is to be wholly or partially bottle-fed, what more presentable opportunity for preventive work is there than carefully supervising that very trying period of infant life, emphasizing the relative value of milk modification, cleanliness, sterilization, etc., avoiding thereby gastric disturbances with its chain of constipation, diarrhea, vomiting, acid stools, etc.?

Every physician is not expected to be a skilled pediatrician, but he ought to be appreciative of fundamental principles which influence and govern child health.

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING OCTOBER, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	0	—
Seven days or less.....	5	10.87
Eight to fourteen days, inclusive.....	5	10.88
Fifteen to twenty-one days, inclusive.....	3	6.52
Twenty-two to thirty-one days, inclusive.....	1	2.18
WITHIN FIRST MONTH. (Total).....	14	30.45
Within second month.....	4	8.69
Within third month.....	1	2.18
Within fourth month.....	2	4.34
Within fifth month.....	2	4.35
Within sixth month.....	3	6.52
Within seventh month.....	1	2.17
Within eighth month.....	—	—
Within ninth month.....	2	4.35
Within tenth month.....	—	—
Within eleventh month.....	1	2.17
Within twelfth month.....	1	2.17
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	31	67.39
Within second year.....	1	2.18
Within third year.....	5	10.87
More than three years.....	9	19.56
Grand totals.....	46	100.00

## **SUMMARY OF THE WORK, OCTOBER, 1926.**

### **BUREAU OF ADMINISTRATION.**

	Oct.		Oct.
Prosecutions ordered . . . . .	7	Personnel:	
Legal notices . . . . .	178	Leave of absence . . . . .	2
Lying-in Hospital approved . . . . .	5	Reinstatements . . . . .	1
Contract awarded . . . . .	1		
Stable hearing canceled . . . . .	1		

### **LICENSES, PERMITS, ETC., ISSUED.**

	Oct.		Oct.
Burial permits . . . . .	1,054	Manicure-massage . . . . .	102
Denatured alcohol . . . . .	76	Milk . . . . .	140
Dump permits approved . . . . .	2	Pedlers . . . . .	32
Dump permit withdrawn . . . . .	1	Sausage manufacturing . . . . .	1
Dump permits refused . . . . .	2	Stable permits one additional	
Grease . . . . .	2	horse . . . . .	1
Garbage . . . . .	2	To keep goat . . . . .	1
Hen licenses . . . . .	35		

## MEDICAL DIVISION.

	Oct.		Oct.
Visits:		Cases brought to Boston for	
By medical inspectors . . . . .	743	treatment . . . . .	113
By veterinarian . . . . .	157	Deaths investigated . . . . .	21
By investigators . . . . .	297		

## NURSING SERVICE.

### MEDICAL AND CHILD HYGIENE.

HOMES VISITED . . . . .	Oct. <u>15,566</u>
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#### CHILD HYGIENE:

New cases visited . . . . .	2,155
Old cases visited . . . . .	13,319
Total child hygiene visits* . . . . .	<u>15,474</u>

#### COMMUNICABLE DISEASE:

New cases visited . . . . .	503
Old cases visited . . . . .	1,455
Total communicable disease visits† . . . . .	<u>1,958</u>

#### MISCELLANEOUS VISITS:

Infant death investigations . . . . .	129
Maternal death investigations . . . . .	6
Patients accompanied to hospital . . . . .	3
Visits to day nurseries . . . . .	20
Other special visits . . . . .	27
Visits to parochial schools . . . . .	72
Total number all visits . . . . .	<u>17,689</u>

Number hours spent in station by nurses‡ . . . . .	1,935
Number hours spent in conferences by nurses . . . . .	1,711
Number of hours spent in nurses conference . . . . .	120

## HEALTH UNITS.

MISCELLANEOUS UNIT ACTIVITIES:	Oct.
Complaint of insanitary conditions . . . . .	11
Number of persons given health and other information . . . . .	515
City visitors . . . . .	134
Out of city visitors . . . . .	36

#### DENTAL SERVICE:

Number of operations . . . . .	2,714
Number of dismissals . . . . .	549
Number of children treated . . . . .	1,222
Prophylaxis . . . . .	405

\* Includes 260 wrong addresses; 2,173 not seen; total, 2,433 absent visits.

† Includes 315 ophthalmia cases; 10 wrong addresses; 68 not seen; total, 78 absent visits.

‡ This includes child health conferences, vaccinations and diphtheria immunization at stations.



EYE SERVICE:	Oct.
New cases . . . . .	48
Number of refractions . . . . .	135
Number of glasses prescribed . . . . .	41

MEDICAL DIVISION OF HEALTH DEPARTMENT:\*

Work performed by medical inspector:

Visits made by medical inspectors in the districts . . . . .	210
Vaccinations performed by medical inspector . . . . .	32
Number of vaccination certificates issued . . . . .	55
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	19

Nurses' visits:†

Communicable disease visits by nurses in district . . . . .	717
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CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT:‡

Number of child health conferences . . . . .	23
Total attendance at child health conferences . . . . .	1,347
New babies at conferences . . . . .	173
Home visits to babies and pre-school children . . . . .	4,752
Infant deaths investigation visits . . . . .	17
Special visits . . . . .	15
Number of posture classes . . . . .	22
Attendance at posture classes . . . . .	529

BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	1,788
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BOSTON LYING-IN HOSPITAL:

Pre-natal Clinic:

Number of clinics . . . . .	7
Attendance . . . . .	25

COMMUNITY HEALTH ASSOCIATION:

General Division:

Home visits by nurses . . . . .	6,007
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BOSTON DISPENSARY:

Calls by district physician . . . . .	25
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STATE DEPARTMENT OF MENTAL DISEASES:

Number of clinics . . . . .	9
Attendance at clinics . . . . .	36
Visits of workers . . . . .	89
New cases . . . . .	3

# MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, OCTOBER, 1926.

## SYPHILIS.

Under investigation, October 1, 1926 . . . . .	42
New cases during October . . . . .	15
Total . . . . .	57

\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

# DISPOSITION OF CASES.

Placed under treatment . . . . .	6
Unable to locate . . . . .	7
False address given . . . . .	2
Under investigation, October 31, 1926 . . . . .	42
Total . . . . .	<u>57</u>
New cases reported by number . . . . .	<u>67</u>

# GONORRHEA.

Under investigation, October 1, 1926 . . . . .	64
New cases during October . . . . .	44
Total . . . . .	<u>108</u>

# DISPOSITION OF CASES.

Placed under treatment . . . . .	8
Unable to locate . . . . .	7
False address given . . . . .	4
Under investigation, October 31, 1926 . . . . .	89
Total . . . . .	<u>108</u>
New cases reported by number . . . . .	<u>208</u>

# SUMMARY.

Cases under investigation, October 1, 1926 . . . . .	106
New cases during October . . . . .	59
Total . . . . .	<u>165</u>

# DISPOSITION OF CASES.

Placed under treatment . . . . .	14
Unable to locate . . . . .	14
False address given . . . . .	6
Under investigation . . . . .	131
Total . . . . .	<u>165</u>

# VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation, October 1, 1926 . . . . .	6
New cases during October . . . . .	4
Total . . . . .	<u>10</u>

# DISPOSITION OF CASES.

No evidence of disease . . . . .	2
Unable to locate . . . . .	3
Under treatment . . . . .	2
Under investigation . . . . .	3
Total . . . . .	<u>10</u>

# CHILD HYGIENE DIVISION.

## OCTOBER REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school.	Total Attendance.	Number of New Babies.	Number of New Preschool	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	186	10	196	58	1	59	4	49
31 Lincoln street.....	115	11	126	23	6	29	4	32
CHARLESTOWN.								
Charlestown Municipal Building.....	247	27	274	29	9	38	8	34
DORCHESTER.								
Codman Square Library Building....	487	50	537	74	23	97	8	67
Columbia Road Municipal Building..	456	6	462	54	1	55	8	58
7 Gordon place.....	234	9	243	33	0	33	3	81
EAST BOSTON.								
Health Unit.....	423	59	482	88	20	108	8	60
Orient Heights.....	68	3	71	16	3	19	3	24*
HYDE PARK.								
Hyde Park Municipal Building.....	195	31	226	24	10	34	4	57
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	193	41	234	27	9	36	4	59
NORTH END.								
41 North Margin street.....	236	120	356	43	31	74	7	51
ROSLINDALE.								
Roslindale Municipal Building.....	202	34	236	39	10	49	4	59
ROXBURY.								
Beth Israel Hospital.....	242	35	277	22	4	26	4	69
Children's Hospital.....	142	12	154	23	3	26	3	51
1049 Columbus avenue.....	374	54	428	83	15	98	7	61
Vine Street Municipal Building.....	261	10	271	58	7	65	4	58
SOUTH BOSTON.								
Carney Hospital.....	325	27	352	84	17	101	7	50
SOUTH END.								
70 Emerald street.....	131	14	145	18	1	19	1	36
640 Harrison avenue.....	84	13	97	8	4	12	1	24
46 Lovering street.....	144	39	183	9	1	10	4	46
Shawmut Avenue Municipal Building,	123	7	130	19	3	22	3	43
122 Tyler Street.....	82	24	106	13	1	14	3	35
WEST END.								
17 Blossom street.....	509	83	592	42	14	56	8	74
Totals.....	5,459	719	6,178	887	193	1,080	110	51.7

\* Opened October 5.

# NUMBER OF TOXIN-ANTITOXIN TREATMENTS AT CHILD HEALTH CONFERENCES, OCTOBER, 1926.

STATION.	TOXIN-ANTITOXIN.		
	First.	Second.	Third.
Old Town Hall, Brighton.....	6	8	10
31 Lincoln street, Allston.....	4	1	2
Charlestown Municipal Building.....	6	2	6
Codman Square Library Building.....	5	1	3
Columbia Road Municipal Building.....	14	16	15
7 Gordon place, Dorchester.....	4	5	2
East Boston Health Unit.....	11	10	11
Orient Heights.....	0	0	0
Hyde Park Municipal Building.....	8	3	4
Curtis Hall, Jamaica Plain.....	13	13	13
41 North Margin street.....	59	43	31
Roslindale Municipal Building.....	22	37	26
Beth Israel Hospital.....	10	10	16
Children's Hospital.....	5	6	7
1049 Columbus avenue.....	12	12	12
Vine Street Municipal Building.....	4	3	1
140 Dorchester street.....	166	175	167
70 Emerald street.....	12	12	9
640 Harrison avenue.....	2	2	4
46 Lovering street.....	7	4	9
Shawmut Avenue Municipal Building.....	2	4	7
122 Tyler street.....	31	27	16
17 Blossom street.....	66	59	48
Totals.....	469	453	419
Totals, all stations.....			1,341

## REPORT OF VACCINATIONS AT CHILD HEALTH CONFERENCES DURING OCTOBER, 1926.

Old Town Hall, Brighton	2
31 Lincoln street, Brighton	4
Charlestown Municipal Building	32
Codman Square Library Building	28
Columbia Road Municipal Building	35
7 Gordon Place, Dorchester	22
East Boston Health Unit	23
Orient Heights	0
Hyde Park Municipal Building	2
Curtis Hall, Jamaica Plain	46
41 North Margin Street	25
Roslindale Municipal Building	17



Beth Israel Hospital . . . . .	11
Children's Hospital . . . . .	4
1049 Columbus avenue . . . . .	46
Vine Street Municipal Building . . . . .	55
140 Dorchester street, South Boston . . . . .	40
70 Emerald street . . . . .	11
640 Harrison avenue . . . . .	10
46 Lovering street . . . . .	5
Shawmut Avenue Municipal Building . . . . .	7
122 Tyler street . . . . .	15
17 Blossom street . . . . .	57

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## FOOD INSPECTION DIVISION.

### MARKET, STORE AND RESTAURANT SERVICE.

	Oct.
Stores inspected . . . . .	6,902
Sanitary defects remedied . . . . .	103
Complaints at office . . . . .	54
Referred to Sanitary Division . . . . .	24
Milk applicants . . . . .	172
Reinspections . . . . .	265
Court cases . . . . .	5
Convictions . . . . .	5
Fines . . . . .	\$160
Applications for pedlers' licenses approved . . . . .	30
Vehicles inspected and approved . . . . .	715
Laboratory Examinations:	
Bacteriological . . . . .	1
Chemical . . . . .	9

### CONDEMNATIONS.

Meats:		Vegetables:	
Bear meat . . . . .	85 pounds	Onions . . . . .	1½ bushels
Beef . . . . .	15 pounds	Tomatoes . . . . .	2 bushels
Corned beef . . . . .	14 pounds	Tomatoes . . . . .	33 pounds
Frankfurts . . . . .	10 pounds	Wax beans . . . . .	2 bushels
Lamb . . . . .	12 pounds	Fruit:	
Liver . . . . .	1	Grapes . . . . .	35 baskets
Plucks . . . . .	15	Melons . . . . .	21
Poultry . . . . .	12 pounds	Peaches . . . . .	11 baskets
Smoked shoulder . . . . .	6¾ pounds	Miscellaneous:	
Sweetbreads . . . . .	14	Pickles . . . . .	8 bottles
Tongues . . . . .	3	Eggs . . . . .	3½ dozen
Veal . . . . .	105 pounds	Grape jam . . . . .	1 bottle
Fish:		Prunes . . . . .	2,646 pounds
Halibut . . . . .	30 pounds	Raisins . . . . .	8 pounds
Oysters . . . . .	71 gallons	Rice . . . . .	3 packages
Scallops . . . . .	5 gallons	Sugar . . . . .	8 pounds
Scallops . . . . .	72 pounds		

### LIVE STOCK INSPECTION (Brighton Abattoir).

	Oct.		Oct.
Cattle inspected . . . . .	333	Parts condemned (lbs.) . . . . .	487
Calves inspected . . . . .	930	Animals condemned . . . . .	4
Swine inspected . . . . .	3,034		

## DAIRY DIVISION.

	Oct.		Oct.
Total inspections . . . . .	993	Inactive . . . . .	26
Dairies inspected . . . . .	537	Total cattle inspected . . . . .	7,141
Scoring above 50* . . . . .	373	Inspections of milk plants and licensed dealers . . . . .	271
Scoring below . . . . .	164	Country creamery inspections . . . . .	3
With milk rooms . . . . .	342	Sediment tests . . . . .	145
Without milk rooms . . . . .	195		

\* Passable mark.

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	Oct.
Milk from wagons . . . . .	237
Milk from stores . . . . .	890
Milk brought by citizens . . . . .	5
Vinegar . . . . .	141
Sausage . . . . .	4
Candy . . . . .	1
Tonics . . . . .	5
Honey . . . . .	1
Liquor . . . . .	1
Fish . . . . .	1
Drugs . . . . .	2
Milk powder . . . . .	1
Meat . . . . .	1
Bottles . . . . .	98
Caps . . . . .	180
BACTERIOLOGICAL:	
Milk . . . . .	663
Ice cream . . . . .	4
Court cases . . . . .	15
Fines . . . . .	\$480

### SANITARY INSPECTION.

	Oct.		Oct.
Original inspections . . . . .	1,763	Complaints investigated . . . . .	436
New reports . . . . .	2,363	Court cases authorized . . . . .	6
Reinspections . . . . .	6,516	Fines . . . . .	\$60
Legal notices served . . . . .	178		

## BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	635
Tuberculosis . . . . .	230
Typhoid . . . . .	50
Gonorrhea . . . . .	774
Gonorrheal ophthalmia . . . . .	74
Syphilis . . . . .	1,410
Other examinations* . . . . .	38
Bacteriological examinations of milk . . . . .	663
Bacteriological examinations of ice cream . . . . .	4
Milk bottles examined . . . . .	98
Milk bottle caps . . . . .	180
Oysters examined . . . . .	12
Swimming pools examined . . . . .	60

\* Malaria, 6; feces for typhoid, 6; urine for typhoid, 6; genito-urinary tuberculosis, 4; paratyphoids, 6; pleural fluid for organisms, 1; feces for T. B., 1; pus for organisms, 1; blood culture, 1; smear for Vincent's angina, 2; smear for virulence, 1; mustard seed for foreign matter, 1; cereal for vermin, 1; pus for organisms, 1.

# VITAL STATISTICS, OCTOBER, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING OCTOBER, 1926, WITH COMPARATIVE FIGURES FOR OCTOBER, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
ALL CAUSES:						
Total deaths.....	882	884	—2	13.45	13.54	— .09
Nonresidents deducted.....	722	713	+9	11.01	10.92	+ .09
By AGE:						
Under one year.....	156	121	+35	2.38	1.85	+ .53
One year to four years, inclusive.....	23	40	—17	.35	.61	— .26
Sixty years and over.....	315	346	—31	4.80	5.30	— .50
By SPECIAL CAUSES:						
DEGENERATIVE DISEASES, SO CALLED:						
Apoplexy.....	57	47	+10	.87	.72	+ .15
Arteriosclerosis.....	24	14	+10	.36	.21	+ .15
Heart disease.....	152	187	—35	2.32	2.86	— .54
Nephritis, chronic.....	54	45	+9	.82	.69	+ .13
INFANT AND MATERNAL MORTALITY:						
a. Total registered live births.....	1,252	1,534	—282	19.09	23.50	—4.41
b. Registered stillbirths.....	42	53	—11	.64	.81	— .17
Stillbirths per 1,000 births and stillbirths.....				32.46	33.40	— .94
c. Deaths of mothers from causes incident to childbirth.....	13	3	+10	.19	.04	+ .15
Deaths of mothers per 1,000 births and stillbirths.....				10.05	1.89	+8.16
Deaths of children in first year of life....	156	121	+35	2.38	1.85	+ .53
Deaths in first year per 1,000 live births.....				124.60	78.88	+45.72
VIOLENCE:						
Accidents.....	57	49	+8	.87	.75	+ .12
Homicides.....	5	2	+3	.08	.03	+ .05
Suicides.....	6	9	—3	.09	.14	— .05
MISCELLANEOUS:						
Alcoholism, acute or chronic.....	11	12	—1	.17	.18	— .01
Broncho-pneumonia.....	39	33	+6	.59	.50	+ .09
Cancer.....	105	107	—2	1.60	1.64	— .04
Cirrhosis of the liver.....	8	4	+4	.12	.06	+ .06
Diabetes mellitus.....	15	16	—1	.23	.24	— .01
Diarrheal diseases, children under two years of age.....	42	29	+13	.64	.44	+ .20

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, OCTOBER, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....	Cases.. 4	9	—5	.06	.14	— .08
	Deaths. 1	2	—1	.015	.03	— .015
Cerebrospinal meningitis.....	Cases.. 1	2	—1	.015	.03	— .015
	Deaths. 1	1	—	.015	.015	—
Diphtheria.....	Cases.. 63	90	—27	.96	1.38	— .42
	Deaths. —	4	—4	—	.06	— .06
Influenza.....	Cases.. 13	7	+6	.20	.11	+ .09
	Deaths. 2	3	—1	.03	.04	— .01
Measles.....	Cases.. 28	156	—128	.43	2.39	—1.96
	Deaths. 1	2	—1	.015	.03	— .015
Pneumonia (lobar).....	Cases.. 53	86	—33	.81	1.32	— .51
	Deaths. 18	32	—14	.27	.49	— .22
Scarlet fever.....	Cases.. 178	112	+66	2.71	1.72	+ .99
	Deaths. 1	3	—2	.015	.04	— .025
Tuberculosis (pulmonary).....	Cases.. 133	135	—2	2.03	2.07	— .04
	Deaths. 46	42	+4	.70	.64	+ .06
Tuberculosis (other forms).....	Cases.. 28	19	+9	.43	.29	+ .14
	Deaths. 11	7	+4	.17	.11	+ .06
Typhoid fever.....	Cases.. 27	17	+10	.41	.26	+ .15
	Deaths. 5	5	—	.08	.08	—
Whooping cough.....	Cases.. 77	194	—117	1.17	2.97	—1.80
	Deaths. 3	9	—6	.04	.14	— .10

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.



# MONTHLY BULLETIN HEALTH DEPARTMENT



CITY OF BOSTON

FRANCIS X. MAHONEY, M. D., *Health Commissioner.*

Communications relating to this publication should be addressed to the  
EDITOR MONTHLY BULLETIN, HEALTH DEPARTMENT, BOSTON.

VOL. 15.

BOSTON, DECEMBER, 1926.

No. 12

## TUBERCULOSIS STUDY HERE IS MADE PUBLIC.

Reorganization of Boston's facilities for treatment and prevention of tuberculosis is recommended to Mayor Malcolm E. Nichols by Dr. Haven Emerson, Columbia University's professor of public health administration, as a result of a professional study of local conditions which Doctor Emerson has just completed upon the Mayor's request.

Doctor Emerson's major recommendations are that the City Hospital trustees be given control of the Consumptives' Hospital in place of the separate group of trustees now administering the Mattapan institution and its Out-Patient Department at Concord street and Harrison avenue; and that a new \$6,000 deputyship under Health Commissioner Francis X. Mahoney be created, the incumbent to be known as Chief of the Division of Tuberculosis, and that he direct preventive work.

After commending the report the Mayor referred it to the City Hospital trustees for consideration and report, and also invited comment upon the report's proposals from the Boston Health League, which met December 17 at 14 Beacon street, Boston.

### Study Made After Criticism.

The Mayor commissioned Doctor Emerson to study local conditions as a sequence to the Boston Tuberculosis Association's criti-

cisms of the administration of this field of medicine in Boston last summer. Ordinance changes will be necessary before the Mayor can put these two major proposals into effect, in which the City Council would be asked to concur.

Doctor Emerson proposes that the Health Department's new tuberculosis division would be to provide adequate services for discovery, diagnosis and home supervision of tuberculosis in Boston, and to work co-operatively with the City Hospital trustees controlling the Consumptives' Hospital and its Out-Patient Department. The trustees ought also to appoint an assistant superintendent for the Tuberculosis Hospital at Mattapan, the report suggests, and the Health Commissioner himself should be made a member *ex officio* of the City Hospital trustees.

The Health Commissioner's authority to detain persons in the communicable stages of tuberculosis who violate sanitary regulations designed to protect others against infection should be clarified and strengthened, it is urged.

### More Reporting Urged.

Suggestion is made that the Health Commissioner should more vigorously enforce the reporting of tubercular cases by physicians and that more district tuberculosis dispensaries should be established. Enlargement of the Mattapan establishment is recommended so as to provide facilities for treatment of 100 more early and favorable cases.

"In order of frequency tuberculosis comes third among the causes of death at all ages in Boston. For tuberculosis alone is Boston's program and service by official and volunteer health agencies notably inadequate," the report says.

"Boston's tuberculosis death rate is higher than that of other large cities in the country except those two in which the negro proportion of the population is much higher than in Boston — Philadelphia and Baltimore.

"Even though the proportion of the negro element in Boston's population is so low and is confined almost exclusively to Wards 9 and a part of 10, the exceptionally high death rate even for negroes in this group demands special study and a special educational and professional service program for correction.

"The death rates on tuberculosis of the lungs among the whites and of the colored population of Boston, taken separately, were higher than those in any of the other nine large cities of the country.

"Similarly, but with the exception of Detroit, the death rates from tuberculous meningitis were higher in Boston among white

and colored than in the other large cities. The death rate from tuberculosis in Boston is higher than that of Massachusetts as a whole.

### **Disease Called a Menace.**

"It is sufficiently clear that tuberculosis constitutes a serious hazard to health in Boston, and whether this be due chiefly to the racial characteristics of its population, to the housing and lack of knowledge of hygienic habits among its people, to inequalities and inadequacies of income of the wage earner, to inclemencies of climate, or to insufficient services for the discovery of infected and carrier cases of the diseases and for their isolation and treatment for the purpose of healing the disease and prevention of its spread, nothing is plainer than the need of a higher grade of public and private organization for control of the diseases which science and the social and financial resources of the city are quite capable of providing.

"In Boston as in most other cities in the United States the greatest defect in health supervision of children of school age is the absence of medical examination, nursing inspection and educational training in health in the parochial schools. Only by the surveys, such as those of the New England Health Association and of the State Board of Health, do we learn anything complete or reliable about these children."

In connection with the foregoing summary of the survey of Dr. Haven Emerson, it is interesting to note the following recommendation made by Health Commissioner Mahoney in his annual report for 1917:

"In addition to the recommendations embodied in the foregoing with reference to the maintenance of health centers as a means of co-ordinating and promoting the efficiency of health educational work on the part of the municipal and private agencies engaged therein, it is urged in the interest of the health of the city, and economy in the matter of municipal expenditures, that appropriate action be taken in the following matters:

"The City of Boston is maintaining a special municipal department, the Consumptives' Hospital, separate hospitals and dispensary organizations and a force of visiting nurses of its own, whose province it is to deal exclusively with tuberculosis. The tuberculosis problem is practically inseparable from the general health problems of the population, and in spite of earnest mutual efforts on the part of the Consumptives' Department and this department to co-ordinate their work, it is constantly apparent that this arrangement is productive of duplication of work, inefficiency and wastefulness. It is recommended that the tuberculosis dispensaries, by whomever actually conducted, be located at and be incorporated into the

general scheme of the work of the municipal health centers and that all municipal visiting nurses be placed under the Health Department in order that they may be effectively utilized for the purposes which they are intended to accomplish.

"Personal health work in the general population of the city is valueless in so far as it is unable to supply the remedy for conditions calling for a remedy. A remedy often means immediate and appropriate hospital treatment for individuals. The City of Boston maintains one hospital at Long Island under the Institutions Department, another at Deer Island under the Penal Institutions Department, another establishment under the City Hospital Department, and another at Mattapan under the Consumptives' Hospital Department. Many cities operate their municipal hospitals as a part of their health department organizations. It is questionable whether this procedure gives anywhere the best attainable results, but there is no question that all municipal hospitals should be under a single management and that the municipal department of health should at least have a voice in saying how available municipal hospital accommodations might best be utilized for the public good. As a step in this direction, under existing conditions in this city, it would not seem unreasonable to suggest that the City Health Department be directly represented on the Board of Trustees of the Boston City Hospital."

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### DISHWASHING AGAIN.

Some years ago, the physician of a large corporation came to a health official in an eastern state for help. Three days previously about thirty of the company's employees failed to come to work on account of severe sore throats. The next day the number was increased to sixty, and the day of the physician's visit to about one hundred.

The physician's investigation of the cases of the sickness had shown that the absentees were suffering from a sharp inflammatory condition of the pharynx and throat, accompanied by moderate fever and sufficient toxic symptoms to make the patient feel miserable enough to stay abed. Other physicians had reported seeing some similar cases in their practice among persons not employees of the company, but the condition was evidently not prevalent enough in the general community to be called an epidemic.

The company's physician got busy the first day absences were reported, and by the time he came to the health official he was satisfied that something in the company's establishment was responsible for the outbreak among the company's employees, but confessed that he was utterly unable to say or even guess what it was.



Among other things which he had done, he had disconnected and removed all bubbling drinking fountains about the establishment and said that while he had demonstrated that they could not be held accountable for this sore throat outbreak, he would like to have these fixtures examined with reference to bacteria which might be found therein. This was afterwards done. They produced an astonishing variety of bacterial growths.

The company's physician stated that the employees affected were of both sexes; that they came from different buildings and represented very different kinds of work; but it appeared that all had eaten in the company's restaurant, where about 1,500 employees were being served daily.

This institution was the company's pride and a show place, and the physician stated that a most critical investigation had failed to suggest to him how this restaurant could possibly be responsible for the spread of a sore throat epidemic. In view, however, of the evidence pointing to the restaurant's responsibility, it was agreed that the health official should first go there and check up on the company physician's investigation.

Food, and methods for its handling and preservation, were found to be ideal. Responsibility of milk or food for the outbreak seemed impossible, and later was positively excluded.

"How do you wash your dishes?" the restaurant manager was asked. "Mechanical dishwasher," he replied, and added, "and we have worked out a device to assure that the water which goes into it is always really hot enough to sterilize dishes." "Do you wash your drinking glasses in it," the health official inquired, mindful of the fact that some mechanical dishwashers do not take care of glasses. The manager answered "Yes"; but then paused and turned to the company's physician and said, "we had better check up on that."

It was found that the drinking glasses were being washed, about two hundred at a time, in a large dishpan. The water, which might have been changed oftener, was never too hot for the dishwasher to keep her hands in it. The days during which the sore throat outbreak occurred were unseasonably hot and it was learned that an unusually large number of glasses had come to the washer because there had been on the part of patrons of the restaurant a great demand for milk to drink.

Pending the installation of a mechanical dishwasher which could wash glasses, individual paper drinking cups were substituted for glasses and put in use before the noonday meal was served that day. The sore throat outbreak stopped with astonishing abruptness.

With the development of the modern battleship, disability from infections of the respiratory tract became a troublesome proposition among the enlisted personnel. This was especially true among newly enlisted men. After about two years men tended to develop an immunity, but in the meantime, many had to be invalided out of the service for causes directly or indirectly attributable to such infections. With the World War, "trench mouth" or "Vincent's Angina" appeared in the navy to such an extent as to make effective preventive measures imperative. It was known that the sterilization of mess gear would prevent the spread of trench mouth, and the actual boiling of mess gear became a routine procedure enforced by naval discipline. It was found that the procedure was not only preventing trench mouth but markedly reducing sickness and incapacity from colds as well.

The physicians of a large public institution happened to bring to the attention of a young naval surgeon a serious outbreak of an intestinal infection among the inmates of a certain section of the institution. There had been some deaths attributable to the infection. The inmates affected were old demented women. In discussing the matter, an old medical officer of long institutional experience observed that such intestinal troubles must be expected among institutional inmates of this sort.

The naval officer, with his naval experience in mind and from the symptoms described, suspected the sickness to be a paratyphoid infection and this surmise later was proved to be correct.

His training led him to inquire about dishwashing as a possible explanation of the outbreak. He found that whereas mechanical dishwashers were generally used in the institution, the dishes in that particular section where cases of the infection had occurred were washed by hand, in dishwater not too hot for the hands of the dishwasher. He pointed out also that sickness of this character was not occurring among inmates whose dishes were being washed in mechanical dishwashers.

Colon bacilli were found not only in the dishwater, but also recovered by rewashing plates that had gone through the regular hand dishwashing process.

The irresponsible habits of demented institutional patients may increase somewhat the liability of spreading intestinal infections by eating or drinking utensils, but the process is really no different from that by which the famous cook, "typhoid Mary," and other typhoid carriers have infected non-immune persons for whom they have prepared foods. With the immersing of the dishes in actually boiling water this institutional outbreak of intestinal infection immediately ceased.

In view of the mass of similar evidence that common "contact" diseases, including colds, are spread both by "crowding" and by eating and drinking utensils, might it not be better if we let up on investigating these diseases so much, and theorizing about them, and gave greater attention to trying to devise practical ways of bringing about in the home and elsewhere a more general observance of sanitary practices which have already been shown to be capable of preventing the spread of such diseases.

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## HEALTH AGENCIES TO FIGHT SMALLPOX.

The American Society for Medical Progress states that more cases of smallpox per year are reported by the United States than by any other nation in the world with the exception of certain parts of Asia. In an effort to redeem our country from this unenviable condition, the official health agencies of the several states have designated the months of November and December as a period of public enlightenment regarding the nature of smallpox and its prevention under the Seymour plan of the Association of State and Provincial Health Officers.

In time for this educational campaign, the American Association for Medical Progress has issued a revised edition of its pamphlet "Smallpox — a Preventable Disease." Among the new features of the revised publication is a table giving the vaccinal condition of over 10,000 smallpox cases for 1925 taken from the reports of seventeen states and the District of Columbia, all of which reports are available. More than ninety per cent of these 10,000 persons afflicted had never been vaccinated; about seven per cent had been vaccinated seven to fifty years previously, leaving less than two per cent who had been vaccinated within seven years prior to their illness.

Smallpox is a preventable disease and the will of the people determines whether or not it shall invade a community. *Smallpox can be prevented by vaccination, and by vaccination only.* It has been contended by those opposed to vaccination that the disease is one of filth and that it can be prevented and controlled by sanitation alone. But the facts do not bear out their contentions. Smallpox attacks people of every race and every nationality; sparing neither the young nor the old, the exalted nor the lowly, the clean nor the squalid. It spreads and thrives in communities enjoying all the benefits of modern sanitation, as has been demonstrated recently in the outbreaks of the disease in the state of California, in Denver, Detroit, Minneapolis and St. Paul. On the other hand it has been prevented by vaccination alone in most unsanitary districts, as



proved by the records of the central provinces of India, where as yet it has been impossible to improve the living conditions of the apathetic and fatalistic native population. Effective vaccination was introduced into these provinces, and the people allowed free communication with the unvaccinated areas surrounding them. The disease has been greatly diminished in the vaccinated areas.

It has been proven time and time again that vaccination, and vaccination alone, is the one sure preventive against this scourge, so why is there such general apathy on the part of the public in some sections of the country toward the enforcement of the vaccination laws?

The answer is a simple one. We are lulled into a feeling of false security because many of us have not ourselves come into contact with the disease. We do not know at first hand the seriousness of a smallpox epidemic. We rest secure, or at least so we think, in the fact that this country has been relatively free of the disease for many years and we do not trouble to remember how this precious immunity of ours has been gained. In this complacent state of mind we become a ready prey to the propaganda of the many high-minded, but misinformed or prejudiced persons who hold that power for harm in smallpox does not exist, and that it is not only unnecessary, but wrong, for us to insist that our children be vaccinated. Cults and societies have arisen, striving to break down the barriers that years of scientific investigation and endeavor have set up against disease. We are told that our "personal liberty" is being impaired, and we forget that there is no such thing as personal liberty apart from the liberty of the community in which we live. We are told that we are exposing our children to the injection of "filth" into their blood when we allow them to be vaccinated, and we forget that the injection of what they, in their ignorance, choose to call "filth" may be the means of saving them from the real filth of a loathsome disease. We are accused of being the dupes of "state medicine," and we do not trouble to look back and see for ourselves what our health officials have done for the people of this country.

Copies of "Smallpox — A Preventable Disease," may be had upon request by addressing the American Association for Medical Progress, 370 Seventh avenue, New York City.

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### NEW HEALTH UNIT CORNER STONE LAID.

The corner stone of the third health unit provided by the terms of the will of George R. White was laid by Mayor Nichols at Dorchester and Fourth streets, South Boston. With George E. Phelan,



manager of the White fund, presiding, two former mayors, James M. Curley and Andrew J. Peters, now head of the Boston Chamber of Commerce, took part in the exercises.

Speakers included also Dr. Francis X. Mahoney, Judge Edward L. Logan and Mayor Nichols. The Rt. Rev. Mgr. George J. Patterson of St. Vincent de Paul Church, delivered the invocation. Benediction was pronounced by the Rev. G. Dewitt Dowling, vicar of the Church of the Redeemer, South Boston.

Among the 400 or more persons present were Senator-elect Bigney, Representative Maurice E. Foley, the Rev. Joseph F. Copping of St. Augustine's Church, the Rev. John H. McClelland of the Fourth Presbyterian Church, and trustees of the White fund.

Monsignor Patterson likened the donor to the Good Samaritan. Former Mayor Peters praised the high citizenship of the late Mr. White and his generosity. The unit will give the city and the district especially, he said, evidence of his generous spirit. Doctor Mahoney, as Health Commissioner, asked for the co-operation of the people of South Boston for the success of the unit.

In accepting the proposed building on behalf of the district Judge Logan eulogized Mr. White as one of the great benefactors of the country. Mayor Nichols laid the stone with a silver trowel, which he presented to Mrs. Harriett J. Bradbury, sister of Mr. White.

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The trustees of the George Robert White Fund are Hon. Malcolm E. Nichols, Mayor of Boston, Charles G. Keene, President of the City Council, Hon. Andrew J. Peters, President of the Chamber of Commerce, George R. Nutter, President of the Bar Association of the City of Boston.

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### INITIATIVE.

There are too many people who have to be "cranked" every time they do anything.

Men are in demand who have self-starting proclivities — who have got the pep and are not afraid of burning out the bearings.

Vision is one thing that helps us to have initiative — no man can do big things unless he can visualize and see ahead. He must develop that mental vision that paints pictures of possibilities before they are accomplished.

"Come to me with ideas — not for them" is the mandate of one great executive to his employees.

Great satisfaction comes to every executive when he makes the discovery of an employee who has initiative, who is not afraid to go ahead and do things.

Of course, initiative involves mistakes — but old Josh Billings said: “Don’t condemn a man for his mistakes unless he makes the same mistake twice.” No mind can attain a 100 per cent degree of accuracy — that’s out of the question. Go to it — do your best — but do something. Action is the thing we demand. Not the hurry-scurry brand of action (that kind breeds mistakes) but the persistent and consistent kind that keeps at it all the time. Quiet but definite and constant.

Initiative is much needed — and every man has it if he wishes to put it into action.

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## THE MASSACHUSETTS ASSOCIATION OF BOARDS OF HEALTH OFFICERS.

President, J. J. McGrath, Salem, Mass.; Vice-President, H. V. Safford, M. D., Boston; Treasurer, Francis George Curtis, M. D., Newton; Secretary, Stephen L. Maloney, Boston.

### EXECUTIVE COMMITTEE.

*Ex Officiis:* Dr. H. P. Walcott, Cambridge; Dr. S. H. Durgin, Boston; W. G. Kirschbaum, New Bedford; F. A. Woods, M. D., Holyoke; F. X. Mahoney, M. D., Boston; M. J. Rosenau, M. D., Boston; G. L. Tobey, M. D., Brookline; F. P. Denny, M. D., Brookline; and the following elective members: E. H. Guild, M. D., Springfield; G. H. Lennon, Haverhill; L. A. Jones, M. D., Swampscott; Prof. J. O. Jordan, Boston; J. U. Paquin, M. D., New Bedford; E. H. Trowbridge, Worcester.

In revising the list of members of the Massachusetts Association of Board of Health, it has been found that there are many officials and executives connected with and interested in public health work in this Commonwealth who are not identified with the association.

The Massachusetts Association of Boards of Health is the oldest organized public health association in this country, and its membership has included some of the foremost leaders in public health and sanitation in this country, and it is well known that Massachusetts and Boston have been pioneers in disease prevention in the United States. Dr. Charles V. Chapin, health officer of Providence, and president of the American Public Health Association, at the last meeting of the association in October, stated that this association was his school, and the contacts thus made were of untold advantage to him in his public health training.

It is the desire and the aim of the members of the association to co-operate with each other, and by contact gained by attendance at meetings establish a closer bond of professional understanding in matters pertaining to the public health of each community and throughout the entire state. There are many practices that might well be standardized, rules and regulations that might be made uniform, and legislation enacted, if those interested in public health in Massachusetts will work together with such objects in mind. Progress will be attained if there is an active and whole-hearted individual and official support, and you can lend invaluable assistance by interesting those entrusted with the health of your community to become members of the association. The annual dues are but \$2 a year, only sufficient to cover the cost of incidental expenses of the association, and you owe it to yourself and to your community to join with us.

At the last quarterly meeting of the Massachusetts Association of Boards of Health the inclosed minimum quarantine requirements for communicable diseases were adopted, and at this meeting, which was the largest and most enthusiastic that has been held for a long time, the Commissioner of Public Health and the Deputy Commissioner of Public Health of Massachusetts approved those rules. It is expected that at the next meeting of the Public Health Council of the Department of Public Health these requirements will be adopted. This is progressive in public health work and a forward step towards standardization that will prevent much confusion and embarrassment that has hitherto been the case where communities differed with quarantine.

The next meeting of the Massachusetts Association of Boards of Health will be held at the Twentieth Century Club, Joy street, Boston, on January 27 at 12.30, and all interested may attend.

Persons who wish to attend the meeting or join the association may send applications to the Massachusetts Association of Boards of Health, Box 5271, Boston, Mass.

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There is nothing so important as good health which may only be maintained by the prevention of disease, and it is the specific function of the physician to endeavor to maintain a certain control over the latter, so far as it is humanly possible.

In addition to a community interest in the important and broad question of general hygiene, housing and sanitation, there are certain distinct, specific services which exert a fixed influence upon the control of diseases and which very properly may be carried on by the general practitioner.

## SURVEY OF THE QUALITY OF BOSTON MARKET MILK.

The following is the result of a survey made of market milk sold in Boston by dealers and chain stores during November. In Massachusetts the statute law requires a minimum of 12 per cent solids and 3.35 per cent butter fat.

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Alden Brothers Company.....	12.64	3.91	15
Allen, Fred H.....	12.34	3.66	22
Antetomasso, Peter.....	12.59	3.93	16
Barron, Clarence W.....	13.69	4.37	10
Bergmann, John H.....	13.08	4.37	18
Bolio, William J.....	13.82	4.80	29
Brandley, T. J. & P. J.....	12.56	3.85	16
Casey, James D.....	13.29	4.28	146
Cashin, James E.....	12.84	4.11	26
Cedar Hill Farms.....	13.81	4.85	9
Chapin, George H.....	12.58	4.15	60
Childs Brothers.....	12.60	4.05	27
Clapp, Frank L.....	13.63	4.47	94
Clark, Levi.....	12.40	3.85	20
Converse, Marquis M.....	12.64	3.90	16
Corkery, John H.....	12.42	3.72	33
Cosgrove, Martin S.....	12.92	4.01	60
Cummings, Francis S., Company.....	12.24	3.73	16
Cunningham, Paul.....	12.64	3.80	26
Cusick, William H.....	12.90	3.95	53
Deerfoot Farm Milk Company.....	12.80	4.07	12
Denehy, Timothy.....	12.99	4.18	46
Driscoll, William B., Company.....	12.78	3.96	14
Duggan Brothers.....	12.58	3.91	34
Edgerly, Frank S.....	12.50	3.80	32
Elm Spring Farm Milk Company.....	12.43	3.85	22
English, J., & Son.....	13.60	4.60	100
Ferguson, Malcolm D.....	12.62	3.63	366
Furbush, Almon J.....	13.68	4.65	9
Garfield, Mason.....	14.72	5.10	10
Garvin, Charles E.....	14.64	5.35	18
Giroux, J. E. & H. J.....	12.76	3.80	39
Greenblatt, Benjamin R.....	12.59	3.91	8
Griffin, Joseph L.....	12.86	3.95	18



NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Gushee, Chester W.....	12.89	3.96	20
Herlihy Brothers, Inc.....	12.63	3.90	18
Hickey, Martin J.....	12.42	3.85	19
Holden, John E.....	12.72	4.00	42
Hood, H. P., & Sons, Inc.....	12.50	3.84	48
Hutchinson, Frank T.....	12.26	3.70	90
Jones, William T., Company.....	12.75	4.06	44
Kendall Brothers Company.....	12.28	3.61	104
Kingston, Samuel.....	13.10	4.20	615
Klawe & Freeman.....	12.82	3.98	46
Knapp, George J.....	12.93	3.95	63
Lang Brothers.....	12.48	3.80	18
Larson, Charles.....	12.35	3.68	21
Lincoln Farms, Inc.....	12.08	3.55	20
Lyndonville Creamery.....	12.89	4.10	186
Manning, Peter.....	12.47	3.83	17
Maple Farm Milk Company.....	12.64	3.85	62
McAdams, John F.....	12.76	4.03	14
McKernan, John.....	12.46	3.86	26
Millwood Farms, Inc.....	12.43	3.85	66
Munchbach, George.....	12.86	3.95	20
Newton & Pope.....	12.81	4.27	45
Noble, William F., & Sons.....	12.98	4.25	20
Robinson, Albert J.....	12.59	4.01	31
Robinson, J. A.....	12.55	3.82	22
Runkle, J. C.....	13.25	4.20	75
Schuster, Adam.....	12.90	4.00	33
Seven Oaks Dairy Company.....	12.40	3.84	18
Shick, Jacob.....	12.43	3.70	147
Somerset Farms Milk Company.....	13.30	4.35	10
Sterling Farms Milk.....	12.86	4.03	21
Stone, Howard L.....	12.50	3.75	21
Stuart, Wallis E.....	12.69	3.93	15
Swett, Warren J.....	12.50	4.01	386
Turner Centre System, Inc.....	12.65	3.94	48
United Farmers' Co-operative Creamery Company.....	12.94	4.16	15
Vartanian, Kazar.....	12.24	3.75	42
Vartanian, S.....	12.61	4.02	10
Walker-Gordon Laboratory Company.....	13.37	4.42	10

NAME OF DEALER.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
	Per Cent.	Per Cent.	
Weiler, E., & Sons.....	12.43	3.82	27
Werner, F., & Co.....	12.58	3.90	84
Westwood Farms Milk Company.....	12.38	3.87	17
White Brothers.....	12.65	4.17	16
Whiting Milk Company.....	12.43	3.85	28
Whittemore, W. D.....	12.92	4.08	22
Wiswall, Granville A.....	12.66	3.95	37
Woodland, Charles L.....	12.62	3.91	22

### CHAIN STORE MILK.

NAME OF DEALER.	Supplied By.	SOLIDS.	FAT.	Bacteria. Thousands in One Cubic Centimeter.
		Per Cent.	Per Cent.	
The Great Atlantic & Pacific Tea Company.	H. P. Hood & Sons, Inc....	12.38	3.71	35
The Cloverdale Company.....	Turner Centre System, Inc.	12.62	3.91	52
John T. Connor Company.....	Bellows Falls Co-operative Creamery Company.	12.86	4.05	21
Economy Grocery Stores Company.	Whiting Milk Company....	12.46	3.83	29
The Ginter Company.....	The Ginter Company.....	12.80	4.00	18
Morgan Brothers Company.....	Morgan Brothers.....	13.02	4.28	39
O'Keefe's, Inc.....	Bellows Falls Co-operative Creamery Company.	13.10	4.28	34
Winer, M.....	Hyman Winer.....	12.64	3.79	34

### TURKEY CONDEMNATIONS.

The work of the Food Division was greatly augmented during the Thanksgiving season because of the large amount of poultry, particularly turkeys, that came to the Boston market. The inspectors of this department maintained a close inspection over the quality of turkeys that were offered for sale. It may be of interest to note that there was a marked absence of cold storage turkeys on sale.

Several complaints came to the department of unwholesome turkeys, and in all cases, with one inspection where it was suspected that the turkey had died otherwise than from slaughter, the defects were of such a nature that a reasonably careful inspection at the time of sale would not disclose the true condition of the turkey.

There were 1,951 pounds of turkeys condemned and disposed of during the week of Thanksgiving.

# **TIME ELAPSING BETWEEN DATE OF REPORTING CASES OF PULMONARY TUBERCULOSIS AND DATE OF DEATH, DURING NOVEMBER, 1926.**

CLASSIFICATION.	Number.	Percentage.
After death.....	6	11.76
Seven days or less.....	4	7.85
Eight to fourteen days, inclusive.....	3	5.88
Fifteen to twenty-one days, inclusive.....	4	7.85
Twenty-two to thirty-one days, inclusive.....	4	7.85
WITHIN FIRST MONTH. (Total).....	21	41.19
Within second month.....	1	1.96
Within third month.....	1	1.96
Within fourth month.....	4	7.85
Within fifth month.....	3	5.88
Within sixth month.....	5	9.80
Within seventh month.....	—	—
Within eighth month.....	1	1.96
Within ninth month.....	—	—
Within tenth month.....	1	1.96
Within eleventh month.....	1	1.96
Within twelfth month.....	—	—
WITHIN FIRST YEAR PRECEDING DEATH. (Total).....	38	74.52
Within second year.....	2	3.92
Within third year.....	5	9.80
More than three years.....	6	11.76
Grand totals.....	51	100.00

## **SUMMARY OF THE WORK, NOVEMBER, 1926.**

### **BUREAU OF ADMINISTRATION.**

Prosecutions ordered . . . . .	5	Budget transfers . . . . .	2
Prosecution withdrawn . . . . .	1	Buildings ordered vacated . . . . .	1
Legal notices . . . . .	168	Personnel:	
Lying-in Hospital approved . . . . .	1	Suspension . . . . .	1
Contract awarded . . . . .	5	Leave of absence . . . . .	2
Stable hearings . . . . .	3	Services discontinued . . . . .	1

### **LICENSES, PERMITS, ETC., ISSUED.**

Burial permits . . . . .	1,068	Milk . . . . .	187
Denatured alcohol . . . . .	65	Offensive trades . . . . .	1
Dump approved . . . . .	1	Pedlers . . . . .	25
Dump disapproved . . . . .	2	Stable permits, provisional . . . . .	3
Hen licenses . . . . .	26	Undertaker licensed . . . . .	1
Manicure-massage . . . . .	120	Undertakers suspended . . . . .	3

## MEDICAL DIVISION.

Visits:		Cases brought to Boston for	
By medical inspectors . . . . .	1,159	treatment . . . . .	105
By veterinarian . . . . .	160	Deaths investigated . . . . .	28
By investigator . . . . .	274		

## NURSING SERVICE.

HOMES VISITED . . . . .	15,202
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### CHILD HYGIENE:

New cases visited . . . . .	1,990
Old cases revisited . . . . .	11,820
Total child hygiene visits * . . . . .	<u>13,810</u>

### COMMUNICABLE DISEASES:

New cases visited . . . . .	859
Old cases revisited . . . . .	2,642
Total communicable disease visits † . . . . .	<u>3,501</u>

### MISCELLANEOUS VISITS:

Infant death investigations . . . . .	97
Maternal death investigations . . . . .	5
Patients accompanied to hospital . . . . .	—
Visits to day nurseries . . . . .	36
Other special visits . . . . .	13
Visits to parochial schools . . . . .	77
Visits to parochial school children . . . . .	133
Posture visits . . . . .	84
Total number of all visits . . . . .	<u>17,756</u>

Number hours spent in station by nurses . . . . .	1,860
Number hours spent in conference ‡ . . . . .	1,939
Number hours spent in nurses' conference . . . . .	14

## HEALTH UNITS.

### MISCELLANEOUS UNIT ACTIVITIES:

Complaint of insanitary conditions . . . . .	23
Number of persons given health and other information . . . . .	500
City visitors . . . . .	61
Out of city visitors . . . . .	29

### DENTAL SERVICE:

Number of operations . . . . .	4,054
Number of dismissals . . . . .	596
Number of children treated . . . . .	1,574
Prophylaxis . . . . .	420

### EYE SERVICE:

New cases . . . . .	32
Number of refractions . . . . .	101
Number of doses prescribed . . . . .	41

\* Includes 193 wrong addresses; 1,770 not seen; total, 1,963 absent visits.

† Includes 259 ophthalmia cases; also 18 wrong addresses; 62 not seen; total, 80 absent visits.

‡ This includes Child Health Conferences, vaccination and diphtheria immunization at stations.



# MEDICAL DIVISION OF HEALTH DEPARTMENT:\*

## Work performed by medical inspector:

Visits made by medical inspector in the district . . . . .	140
Vaccinations performed by medical inspector . . . . .	13
Number of vaccination certificates issued . . . . .	16
Antitoxin, antityphoid and toxin-antitoxin administered . . . . .	28

## Nurses' visits:†

Communicable disease visits by nurses in district.

# CHILD HYGIENE DIVISION OF HEALTH DEPARTMENT.‡

Number of child health conferences . . . . .	24
Total attendance at child health conferences . . . . .	1,542
New babies at conferences . . . . .	198
Number of pre-school children at conferences . . . . .	92
Home visits to babies and pre-school children . . . . .	4,357
Infant deaths investigation visits . . . . .	16
Special visits . . . . .	6
Number of posture classes . . . . .	26
Attendance at posture classes . . . . .	960
Toxin-antitoxin administered . . . . .	399

## BOSTON SANATORIUM:

Calls made by nurses in the district . . . . .	1,678
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## BOSTON LYING-IN HOSPITAL:

### Pre-natal Clinic:

Number of clinics . . . . .	10
Attendance . . . . .	134

## COMMUNITY HEALTH ASSOCIATION:

### General Division:

Home visits by nurses . . . . .	5,171
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## BOSTON DISPENSARY:

Calls by district physician . . . . .	36
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## JEWISH WELFARE CENTER:

Number of nutrition clinics . . . . .	3
Attendance of clinics . . . . .	10

## STATE DEPARTMENT OF MENTAL DISEASE:

Number of clinics . . . . .	6
Attendance at clinics . . . . .	67
New cases . . . . .	2
American Red Cross, number of classes . . . . .	3
Attendance at classes . . . . .	41

## MONTHLY REPORT OF VENEREAL DISEASE ACTIVITIES, NOVEMBER, 1926.

### SYPHILIS.

Under investigation, November 1 . . . . .	42
New cases during . . . . .	6
Total . . . . .	48

\* Included in "Medical Division" report.

† Included in "Medical Division" and "Nursing Service" report.

‡ Included in "Child Hygiene Division Report" and "Nursing Service."

## DISPOSITION OF CASES.

Placed under treatment . . . . .	7
Unable to locate . . . . .	3
False address given . . . . .	4
Further treatment unnecessary . . . . .	
Under investigation . . . . .	34
Total . . . . .	<u>48</u>
New cases reported by number . . . . .	<u>100</u>

## GONORRHEA.

Under investigation, November 1 . . . . .	89
New cases during November . . . . .	32
Total . . . . .	<u>121</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	16
Unable to locate . . . . .	36
False address given . . . . .	17
Further treatment unnecessary . . . . .	
Under investigation . . . . .	52
Total . . . . .	<u>121</u>
New cases reported by number . . . . .	<u>287</u>

## SUMMARY.

Cases under investigation . . . . .	131
New cases during . . . . .	38
Total . . . . .	<u>169</u>

## DISPOSITION OF CASES.

Placed under treatment . . . . .	23
Unable to locate . . . . .	39
False address given . . . . .	21
Further treatment unnecessary . . . . .	—
Under investigation . . . . .	86
Total . . . . .	<u>169</u>
Visits by investigator . . . . .	<u>274</u>

## VENEREAL COMPLAINTS AND SOURCES OF INFECTION.

Under investigation, November 1 . . . . .	3
New cases . . . . .	5
Total . . . . .	<u>8</u>

## DISPOSITION OF CASES.

Unable to locate . . . . .	5
Treatment not necessary . . . . .	1
Under investigation . . . . .	2
Total . . . . .	<u>8</u>

# CHILD HYGIENE DIVISION.

## NOVEMBER REPORT OF CHILD HEALTH CONFERENCES.

STATION.	Number of Babies.	Number of Pre-school.	Total Attendance.	Number of New Babies.	Number of New Preschool	Total New Cases.	Number of Conferences.	Average Attendance.
ALLSTON-BRIGHTON.								
Old Town Hall.....	235	11	246	26	13	39	4	62
31 Lincoln street.....	86	15	101	12	4	16	3	34
CHARLESTOWN.								
Charlestown Municipal Building.....	303	32	335	35	5	40	9	37
DORCHESTER.								
Codman Square Library Building....	582	52	634	95	21	116	9	70
Columbia Road Municipal Building..	601	11	612	76	9	85	9	68
7 Gordon place.....	223	11	234	34	6	40	5	47
EAST BOSTON.								
Health Unit.....	421	83	504	92	38	130	8	63
Orient Heights.....	38	0	38	13	0	13	5	8
HYDE PARK.								
Hyde Park Municipal Building.....	274	43	317	31	6	27	5	63
JAMAICA PLAIN.								
Curtis Hall Municipal Building.....	223	33	256	38	11	49	4	64
NORTH END.								
41 North Margin street.....	276	194	470	65	47	112	8	59
ROSLINDALE.								
Roslindale Municipal Building.....	334	24	358	51	5	56	5	72
ROXBURY.								
Beth Israel Hospital.....	151	10	161	18	4	22	3	54
Children's Hospital.....	133	10	143	24	7	31	5	29
1049 Columbus avenue.....	284	47	331	40	8	48	8	41
Vine Street Municipal Building.....	373	21	394	62	9	71	5	79
SOUTH BOSTON.								
140 Dorchester Street.....	290	24	314	48	15	63	8	39
SOUTH END.								
70 Emerald street.....	130	18	148	17	4	21	4	37
640 Harrison avenue.....	63	22	85	4	7	11	3	28
46 Lovering street.....	84	20	104	8	1	9	3	35
Shawmut Avenue Municipal Building,	133	14	147	10	6	16	5	29
122 Tyler Street.....	72	28	100	7	6	113	4	25
WEST END.								
17 Blossom street.....	495	73	568	41	7	48	8	71
Totals.....	5,804	796	6,600	847	239	1,086	130	48.4

# NUMBER OF TOXIN-ANTITOXIN TREATMENTS AT CHILD HEALTH CONFERENCES, NOVEMBER, 1926.

STATION.	Vaccina- tions.	TOXIN-ANTITOXIN.		
		First.	Second.	Third.
Old Town Hall, Brighton.....	6	8	8	15
31 Lincoln street, Allston.....	2	5	5	5
Charlestown Municipal Building.....	20	13	7	14
Codman Square Library Building.....	7	7	11	8
Columbia Road Municipal Building.....	9	10	16	21
7 Gordon place, Dorchester.....	2	7	6	5
East Boston Health Unit.....	10	1	3	7
Orient Heights.....	0	0	0	0
Hyde Park Municipal Building.....	16	14	22	20
Curtis Hall, Jamaica Plain.....	3	17	13	14
41 North Margin street.....	2	73	65	57
Roslindale Municipal Building.....	6	25	17	25
Beth Israel Hospital.....	1	2	3	1
Children's Hospital.....	1	3	2	6
1049 Columbus avenue.....	25	24	33	41
Vine Street Municipal Building.....	23	11	9	7
140 Dorchester street.....	22	63	110	130
70 Emerald street.....	6	6	12	11
640 Harrison avenue.....	6	5	4	4
46 Lovering street.....	2	8	2	1
Shawmut Avenue Municipal Building.....	3	4	3	1
122 Tyler street.....	11	7	7	16
17 Blossom street.....	0	12	14	20
Totals.....	183	325	372	429
Totals, all stations.....				1,309

## FOOD INSPECTION DIVISION.

### MARKET, STORE AND RESTAURANT SERVICE.

	Nov.
Stores inspected . . . . .	5,454
Reinspections . . . . .	214
Sanitary defects remedied . . . . .	95
Complaints at office . . . . .	29
Referred to Sanitary Division . . . . .	8
Milk applicants . . . . .	126
Applications for pedlers' licenses approved . . . . .	40
Vehicles inspected and approved . . . . .	483
Laboratory Examinations:	
Bacteriological . . . . .	3
Chemical . . . . .	2



# CONDEMNATIONS.

Meats:		Vegetables:	
Beef	4 pounds	Celery	29 bunches
Bologna	15 pounds	Lettuce	21 heads
Chicken	102 pounds	Lettuce	320 crates
Corned beef	150 pounds	Miscellaneous cans	25
Frankfurts	146 pounds	String beans	4 bushels
Hamburger	30 pounds	Fruit:	
Ham	6 pounds	Grapes	40 pounds
Lamb	68½ pounds	Miscellaneous:	
Pigs' feet	51 pounds	Cornflakes	4 boxes
Poultry	58 pounds	Crackers	7¼ pounds
Raccoon	74 pounds	Candy	459 pieces
Turkey	1,951 pounds	Peppermint	3 pounds
Fish:		Sherbet	5 gallons
Scallops	150 pounds	Shredded wheat	12

## LIVE STOCK INSPECTION (Brighton Abattoir).

Cattle inspected	235	Parts condemned (lbs.)	3,531
Calves inspected	1,205	Animals condemned	9
Swine inspected	4,071		

## DAIRY DIVISION.

Total inspection	1,223	Total cattle inspected	6,161
Dairies inspected	478	Inspections of milk plants and	
Scoring above 50 *	336	licensed dealers	303
Scoring below	142	Bacteriological examinations	335
With milk rooms	326	Country creamery inspections	7
Without milk rooms	152	Sediment tests	65
Inactive	28		

## BUREAU OF MILK INSPECTION.

### SAMPLES EXAMINED.

CHEMICAL:	
Milk from wagons	276
Milk from stores	1,057
Milk brought by citizens	12
Vinegar	247
Cheese	1
Whiskey	2
Bottles	76
Caps	2

### BACTERIOLOGICAL:

Milk	506
Ice cream	68
Court cases	7
Fines	\$125

## SANITARY INSPECTION.

Original inspections	2,251	Complaints investigated	588
New reports	2,804	Court cases authorized	4
Reinspections	7,940	Vacate notices served	1
Legal notices served	202	Fines	\$15

\* Passable mark.

## BACTERIOLOGICAL LABORATORY.

Diphtheria . . . . .	916
Tuberculosis . . . . .	232
Typhoid . . . . .	42
Gonorrhea . . . . .	800
Gonorrheal ophthalmia . . . . .	87
Syphilis . . . . .	1,280
Other examinations * . . . .	42
Bacteriological examinations of milk . . . . .	506
Bacteriological examinations of ice cream . . . . .	68
Milk bottles examined . . . . .	76
Caps for milk bottles examined . . . . .	168
Swimming pools examined . . . . .	60
Oysters examined . . . . .	6 samples

\* Malaria, 7; feces for typhoid, 2; urine for typhoid, 1; genito-urinary tuberculosis, 12; smear for organisms, 2; chicken for poison, 1; dark field examinations, 7; feces for hookworm, 1; tomato soup for mold, 1; turkey for poison, 2; ginger ale for mold, 1; culture for virulence, 1; smear for plague, 1; smear for T. B., 1; culture for T. B., 1; swab for Vincent's angina, 1.

### AVOID PNEUMONIA.

We are approaching the pneumonia season. Pneumonia may be produced by a number of different pathogenic organisms. Practically everybody in this climate at this time of the year is from time to time exposed to infection with any of these organisms. These organisms must find in an individual the right kind of soil in which to grow in order to produce pneumonia. We do not understand all the factors which cause pneumonia to develop in a person or prevent it from developing but we know that the development of pneumonia is likely to be associated with physical exhaustion from some cause or other. The cause may be weakness resulting from some other disease, the natural infirmity of age, hard or unaccustomed work, bad habits, loss of sleep, slow poisoning from alcohol or bad food, or from bad air in crowded, ill-ventilated habitations, or any other cause which tends to reduce one's strength and vitality.

### PRENATAL INSTRUCTION.

In a review of the cycle of life we may properly begin by speaking of prenatal service which points out the hygiene of pregnancy, teaching the expectant mother how she may conduct herself, what she may or may not do, what she may or may not eat, how much or how little she may exercise and what she may or may not wear. We do know that if she is governed by this advice, her carrying period will be pleasanter and her lying-in period expectantly safer and conducive of better results than may be expected if no prenatal advice is given and no recommendations carried out. We have been taught that this has an important relationship to the future offspring and has played a material part in the reduction of infant and maternal morbidity and mortality. Is not this preventive medicine, and has not that been taught to the medical student, and is he not expected to use this in his practice?

# VITAL STATISTICS, NOVEMBER, 1926.

BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON DURING NOVEMBER,  
1926, WITH COMPARATIVE FIGURES FOR NOVEMBER, 1925.

	BIRTHS AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>ALL CAUSES:</b>						
Total deaths.....	910	955	—45	13.87	14.63	— .76
Nonresidents deducted.....	740	787	—47	11.28	12.06	— .78
<b>By AGE:</b>						
Under one year.....	114	115	—1	1.74	1.76	— .02
One year to four years, inclusive.....	39	39	.....	.59	.60	— .01
Sixty years and over.....	364	391	—27	5.55	6.00	— .45
<b>By SPECIAL CAUSES:</b>						
<b>DEGENERATIVE DISEASES, So CALLED:</b>						
Apoplexy.....	60	48	+12	.91	.73	+ .18
Arteriosclerosis.....	20	25	—5	.30	.38	— .08
Heart disease.....	177	196	—19	2.70	3.00	— .30
Nephritis, chronic.....	41	62	—21	.62	.95	— .33
<b>INFANT AND MATERNAL MORTALITY:</b>						
a. Total registered live births.....	1,152	1,485	—333	17.56	22.75	—5.19
b. Registered stillbirths.....	27	36	—9	.41	.55	— .14
Stillbirths per 1,000 births and still- births.....				22.90	23.67	— .77
c. Deaths of mothers from causes incident to childbirth.....	10	13	—3	.15	.20	— .05
Deaths of mothers per 1,000 births and stillbirths.....				8.48	8.55	— .07
Deaths of children in first year of life....	114	115	—1	1.74	1.76	— .02
Deaths in first year per 1,000 live births, .....				98.96	77.44	+21.52
<b>VIOLENCE:</b>						
Accidents.....	53	58	—5	.81	.89	— .08
Homicides.....						
Suicides.....	11	17	—6	.17	.26	— .09
<b>MISCELLANEOUS:</b>						
Alcoholism, acute or chronic.....	8	17	—9	.12	.26	— .14
Broncho-pneumonia.....	42	47	—5	.64	.72	— .08
Cancer.....	113	91	—22	1.72	1.40	+ .32
Cirrhosis of the liver.....	8	8	.....	.12	.12	—
Diabetes mellitus.....	14	12	+2	.21	.18	+ .03
Diarrheal diseases, children under two years of age.....	15	7	+8	.23	.11	+ .12

# BIRTHS, REPORTABLE ILLNESS, AND DEATHS IN BOSTON, NOVEMBER, 1926.

	CASES AND DEATHS.					
	ACTUAL NUMBER.			RATE PER 1,000 POPULATION, EXCEPT WHERE OTHERWISE SPECIFIED.		
	1926.	1925.	Increase or Decrease.	1926.	1925.	Increase or Decrease.
<b>COMMUNICABLE DISEASES:</b>						
Anterior poliomyelitis.....Cases..	4	7	-3	.06	.11	-.05
Deaths..	1	1	—	.015	.015	—
Cerebrospinal meningitis.....Cases..	2	1	+1	.03	.015	+.015
Deaths..	2	1	+1	.03	.015	+.015
Diphtheria.....Cases..	127	82	+45	1.94	1.26	+.68
Deaths..	6	12	-6	.09	.18	-.09
Influenza.....Cases..	11	10	+1	.17	.15	+.02
Deaths..	2	5	-3	.03	.08	-.05
Measles.....Cases..	26	301	-275	.40	4.61	-4.21
Deaths..	2	3	-1	.03	.05	-.02
Pneumonia (lobar).....Cases..	98	186	-88	1.49	2.85	-1.36
Deaths..	40	46	-6	.61	.70	-.09
Scarlet fever.....Cases..	291	196	+95	4.44	3.00	+1.44
Deaths..	1	—	+1	.015	—	+.015
Tuberculosis (pulmonary).....Cases..	136	147	-11	2.07	2.25	-.18
Deaths..	51	54	-2	.78	.83	-.05
Tuberculosis (other forms).....Cases..	23	14	+9	.35	.21	+.14
Deaths..	9	9	—	.14	.14	—
Typhoid fever.....Cases..	11	9	+2	.17	.14	+.03
Deaths..	1	2	-1	.015	.03	-.015
Whooping cough.....Cases..	91	190	-99	1.39	2.91	-1.52
Deaths..	1	3	-2	.015	.05	-.035

The foregoing tables include all deaths known to have occurred in Boston. No deductions have been made for nonresidents, except in the one line where the deaths of residents are specifically stated as such. The word "nonresident" here means a person whose usual place of abode is elsewhere than in Boston.

All deaths of infants have been included as deaths and not as stillbirths, if so reported by the attending physician, the rule being to report as a death every case in which the infant died after having manifested any sign of life whatsoever after birth.

Death rates of mothers from causes incident to pregnancy and childbirth, and stillbirth rates, are computed on the basis of the recorded number of births and stillbirths taken together, per 1,000. Death rates of children under one year old are computed on the basis of the number of recorded live births, per 1,000.

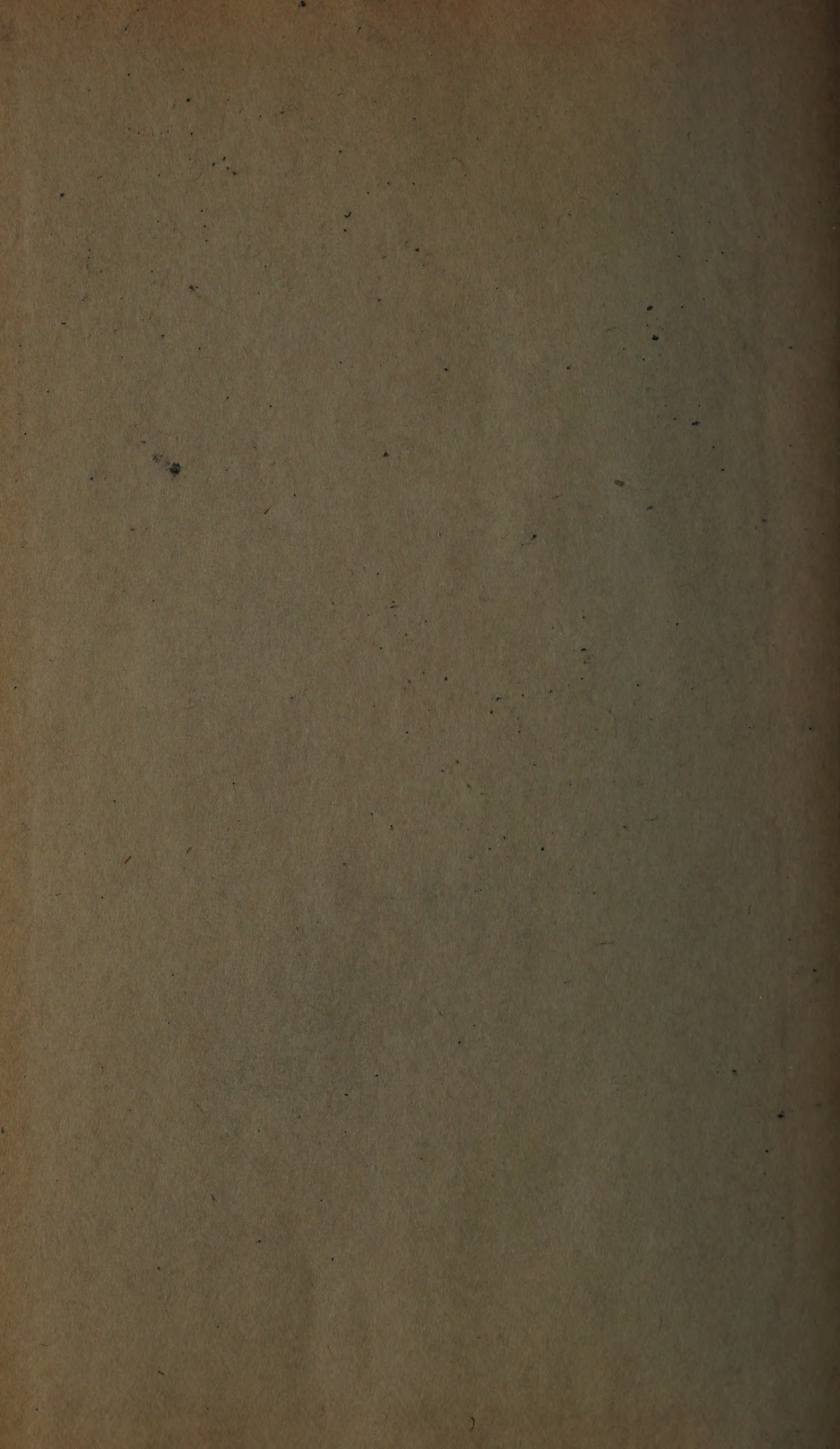
For the purpose of computations set forth above, the estimated population for July 1, 1926 (mid-year), based upon the federal census of 1920, has been used.

**DO NOT DESTROY.**

When you have no further use for this  
Circular give it to someone else.









DEC 23 1932

